[Date]

[Bank Name]
[Bank Address]
[City, State, Zip Code]

RE: Instruction for Disbursement of Trust Account Funds

To Whom It May Concern,

This letter serves as a formal instruction to disburse funds currently held in the [Name of Trust Account], Account Number [Account Number], for the purpose of satisfying a medical provider lien.

Please issue a payment in the amount of **$[Amount]** to the following medical provider:

Payee Name: [Medical Provider Name/Facility]
Reference/Account No: [Patient Account Number or Lien Reference]
Mailing Address: [Provider Address, City, State, Zip]

The purpose of this disbursement is to satisfy the medical lien associated with [Patient/Client Name] for services rendered on [Date of Service].

Please process this payment via [Check / Wire Transfer / ACH] and provide a confirmation of the transaction to my office at [Email Address or Fax Number].

If you require any additional documentation to process this request, please contact me immediately at [Phone Number].

Sincerely,

[Your Signature]
[Printed Name]
[Title/Capacity, e.g., Trustee or Attorney at Law]
[Law Firm or Organization Name]