

ACCOUNT DISTRIBUTION REQUEST

FOR OFFICE USE ONLY:

Funds Verified by (RO): _____

S.C. (RO): yes

Cash Type: _____

BFSC Approved (KC): _____

Notes: _____

BFSC ACCOUNT NUMBER: _____

BFSC ACCOUNT NAME: _____

WITHDRAWAL AMOUNT: \$ _____

PAYMENT FREQUENCY:

One-Time Payment on the Following Month End: _____

Recurring Payment / First Payment Month: _____

Indicate Recurring Payment Months:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Continue Payments Until Notified **OR** Last Payment Date: _____

NOTES: 1) One-time payments are processed at month end.

2) Payment processing may take as long as 7-10 business days.

PAYMENT METHOD:

Purpose: _____

Payee: _____

Address: _____

Check

ACH Direct Deposit or Wire Transfer (charges may be assessed by your bank)

Bank Routing #: _____ Account #: _____

Name of Bank: _____

Transfer to Another BFSC Account / Transfer to BFSC account number: _____

The above request must be authorized by an individual or individuals authorized to transact business for the organization owning the account.

Authorized Signer(s):

Signature: _____

Printed Name: _____

Title: _____ Date: _____

Signature: _____

Printed Name: _____

Title: _____ Date: _____