

## 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: \_\_\_\_\_