

Automatic Disbursement Form

Beneficiary: _____

Representative: _____

For office use only:

Member ID #:

Date received:

Approved by:

Please check the appropriate box:

Rent Mortgage Maintenance fee Other _____

Please Submit proof of rent (signed lease, letter from landlord) or current mortgage statement in the name of the beneficiary/spouse.

Effective Date: _____

Requested Amount: \$ _____

Check made payable to: _____

Check mailed to: _____

Signature: _____

Print: _____ Date: _____

Please Note: Deposits must be received five (5) Business days prior to the expected disbursement date; otherwise the request will be delayed.