



Automatic Disbursement Form

For office use only:

Beneficiary: _____

Representative: _____

Member ID #:
Date received:
Change Date:

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.