## Distribution Request

Letter of Authorization

**Questions or Need Assistance?** 

Call (909) 738-4000 or email info@bfcal.org



1. Account Information			
	()	Name of Assessed	
Account Number Contact Number		Name of Account	
2. Frequency One	Time or Recurring Author	rization	
Select One:  One Time Author  Cash Amount S  All Assets		Distribution Type:  ACH to Bank Account on Record (preferred) Check Wire to Bank Account on Record (\$12 wire fee will be added to distribution amount) Transfer to BFC Account:  Account Name/Number	
Cash Amount: S Distribution Type ACH to Bank A Check Wire to Bank A	sfer Authorization	Select only one of the following options:  Monthly Beginning:  Quarterly Beginning:  Semi-Annually Beginning:  Annually Beginning:  Other, please describe:	
2 Third Down Chas	k Diahuwaamant		
3. Third Party Chec			
Verification is required	prior to processing.		
Cash Amount \$	Made Payable t	to:	
Address		(Make sure to print name exactly as it should appear on check)	
City, Star Other Instructions (if appl	te, Zip Code licable): 		
4. Disclosure & Sig	nature		
By signing below, signer(s) ack movement of funds.	nowledge that they are the legally author	orized signers for this account and that they have authorization to initiate a	
I/we certify that all of th	e above information is correc	pt:	
Signature		Signature	
Name (please print)		Name (please print)	
Date		 Date	