

**PERIODIC AUTOMATED DISBURSEMENT SYSTEM AUTHORIZATION
FORM**

Member Name _____ Effective Date _____

I authorize Reliance Federal Credit Union to disburse \$ _____ from account
number _____ to account number _____.

Disbursement Type: _____ Regular Share Activity (01, 07, 08, 09)

_____ Regular Loan Payment _____ Principal Only Payment

_____ Share to IRA Transfer _____ Other

The frequency of Disbursement: _____ weekly _____ bi-weekly

_____ monthly _____ semi-monthly _____ quarterly

_____ semi-annually _____ annually _____ one time withdrawal

Number of Disbursements if applicable: _____

Disbursement Option:

_____ transfer from one to account to another

_____ downline check - check is made payable to primary owner only

_____ downline withdrawal - check is made payable to someone other than the
primary owner

Member Signature _____