

Recurring / Automatic Disbursement Request Form

Member's Name: _____ SYF Account #: _____

Made Payable to: _____

Address to Send Payment: _____

Bill Account Number: _____

Amount to be Paid By SYF: _____ Effective Date: _____

☐ RENT ☐ CO-OP MAINTENANCE ☐ MORTGAGE

- You must include a **current** lease, and one month's rent or maintenance invoice in order for us to process a payment.
- If there is no lease, you must submit a signed letter from your landlord or co-op board stating how much your rent or maintenance is and where the payment should be sent.

☐ UTILITIES ENROLLED IN LEVEL PAYMENT PLAN

- You must include a current bill showing the amount of the level payment and when it is ending.

☐ OTHER _____

- **Recurring payments are made when your deposit clears our bank.**
- **Recurring payments must be the same amount every month.**
- **Make sure the complete corresponding bill is attached.**
- **Bills must show address where to send payment.**
- **Allow 5-7 days for processing.**

Signature: _____ Date: _____