



121 W Fireweed Lane, Suite 150  
 Anchorage, AK 99503  
 907-272-1541, fax: 907-272-2046  
 www.f-m-i.biz / www.fmialaska.biz

Account No.: \_\_\_\_\_

## Disbursement Information

The Seller/Payee(s) hereby submit new disbursement instructions. The total distribution on any account should equal 100%. Any other disbursement instructions for the above named individuals/company are void, please issue any and all distributions in the following manner:

Disburse \_\_\_\_\_ % OR \$ \_\_\_\_\_ to \_\_\_\_\_, payee(s) to \_\_\_\_\_

- Bank Name: \_\_\_\_\_ Account # \_\_\_\_\_
  - Checking  Savings  Other: \_\_\_\_\_
- EFT to \_\_\_\_\_
  - Routing/Transit/ABA: \_\_\_\_\_ Account #: \_\_\_\_\_
  - Checking  Savings  Other: \_\_\_\_\_
- Other \_\_\_\_\_

Disburse \_\_\_\_\_ % OR \$ \_\_\_\_\_ to \_\_\_\_\_, payee(s) to \_\_\_\_\_

- Bank Name \_\_\_\_\_ Account # \_\_\_\_\_
  - Checking  Savings  Other: \_\_\_\_\_
- EFT to \_\_\_\_\_
  - Routing/Transit/ABA: \_\_\_\_\_ Account #: \_\_\_\_\_
  - Checking  Savings  Other: \_\_\_\_\_
- Other \_\_\_\_\_

I/We understand that the above changes will affect any and all disbursements issued by FMI, and hereby authorize the changes by providing my social security number and signature below. FMI is not required to determine whether sufficient sums will be available to disburse as provided above. This is not an assignment and/or transfer document. The parties are solely responsible for preparing and executing such documents. In the event of a conflict between such documents and this Agreement, this Agreement shall control to FMI. This Agreement is executed for the purpose of providing instructions to FMI and no other purpose.

\_\_\_\_\_  
 Printed Name Tax Id #

\_\_\_\_\_  
 Printed Name Tax Id #

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Signature Date