

ByDesign Financial Solutions™
5628 E. Slauson Ave., Commerce, CA 90040
(800) 750-2227

Disbursement Instruction Sheet

Name: _____ **Client #** _____

Is this a Permanent Change? **Yes** **Beginning month of:** _____
 No **Only for month of:** _____

*****In the following space please explain how you would like your money distributed.*****

<u>Creditor Name</u>	<u>Account # ending:</u>	<u>Please send them the amount of:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I authorize ByDesign Financial Solutions™ to disburse my funds as indicated above.

x _____
Client Signature

Date: _____

ByDesign™ Representative Signature

Date: _____