BPAS

Payout Request Form

REQUESTER INFORMATION

BPAS Plan Number:	Total number pages (Including Cover Page):
Plan Name:	
Contact Name and Title:	
Phone:	Email address:

PAYMENT REQUEST

Please Deduct: $	from the above referenced plan for **Pension Benefits** (e.g., Payee)
Please Deduct: $	from the above referenced plan for **Plan Expenses** (e.g., Fee)

Be sure to include a copy of the invoice to be paid.

Issue Check ◯

Payable To:		
Mail To:		
City:	State:	Zip:
Additional Information:		

Send Wire ◯

Receiving Institution's ABA#:	Receiving Institution's Name:
Beneficiary Account Number:	Beneficiary Name:
Beneficiary Address:	
City: / State: / Zip:	
For Further Credit to:	
Additional Instructions:	

The Client certifies that the information in this wire instruction is true and accurate. The Client agrees that BPAS and its subsidiaries may rely on such information when executing the wire instructions. BPAS makes the amount of the payment instruction available based solely on the information provided on this form and shall have satisfied its obligations by executing the wire as instructed on this form. BPAS is under no obligation to detect inconsistencies with beneficiary account numbers or ABA numbers.

Print Name	
Signature	**Date**

Internal Use

Credit Trust Cash G/L Account:

Please submit online via DocuSign or fax this completed form to 315-292-6448

Questions?

Contact us P 603-505-8505 E dbutica@bpas.com W bpas.com