



# PATRONAGE DISBURSEMENT REQUEST

Must be signed by Front End Supervisor & Member-of-Record to be valid. Must present Valid ID with form. Only Member-of-Record may Receive Patronage.

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Full Owner Number

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Member-of-Record Name (please print)

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Mailing Address

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City/State/Zip Code

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E-mail

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Phone

Disbursement Type:  Check (Mailing Address Required)

E-Gift Card (Email Required)

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Member-of-Record's Signature

Date

## DFC EMPLOYEE ONLY

Checked ID:  \$ \_\_\_\_\_ Disbursed

Employee Name: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_