PO Box 1210 • Atmore, AL • 36504
Phone: (844) 969-8777 Fax: (855) 673-6710
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##13T01415##########

DOWN PAYMENT AUTHORIZATION

Participant: _____ **Tribe:** _____

Tribal Roll Number:	**Email Address:**	**Daytime Phone:**

Current Address of Record:

Street *City* *State* *Zip*

Address of Purchasing Property:

Street *City* *State* *Zip*

Effective Date for Change of Address: ____ ____ ____ (*MM* *DD* *YY*)

Expected Date of Closing: ____ ____ ____ (*MM* *DD* *YY*)

REQUIRED DOCUMENTATION

☐ **Closing Disclosure or Purchase Agreement** (*required*)

☐ **Tribal Approval** (*if applicable*)

Documentation Must List:

- Seller(s)
- Participant as the Buyer/Purchaser
- Mortgage Lender
- Title Company
- Property Address
- Purchase Price of Property
- Down Payment and/or Cash-to-Close Amount

PAYMENT INFORMATION

Down Payment Made Payable to (*check one*):
☐ Title Company ☐ Mortgage Lender ☐ Seller

Down Payment should be Mailed to (*check one*):
☐ Title Company ☐ Mortgage Lender ☐ Seller

Make Check Payable to:	**Reference Number:**	**Payment Amount:** $_____

Mail Check to:

Physical Mailing Address (*No PO Box*):

Street *City* *State* *Zip*

Policies and Authorization of Provider Payments:

- Down Payment requests are processed based on the availability of funds and as authorized by the Plan.
- Payments are generated as a physical check—ACH and wire transfers are not available. All down payment requests will be mailed FedEx Overnight Priority at a service charge of $50.00 to the participant.
- FSA TPA nor the Tribe is responsible for late or lost payments.
- I hereby authorize and request FSA TPA to remit payment from my Tribal Benefit account to the payee listed above. I certify the amount listed is correct and the payment represents an eligible expense under the Tribal Member Benefit Program. I understand it will take at least 5-7 business days for the payment to be processed and delivered to the entity listed above.

_____ _____
Participant Signature **Date**

_____ _____
Signature of Tribal Representative (*if applicable*) **Date**