

## WITHDRAWAL OF FUNDS REQUEST

Date \_\_\_\_\_ Amount \_\_\_\_\_

Withdrawal funds from the following account:

Account #/Fund Name \_\_\_\_\_

Church/Agency Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Number \_\_\_\_\_

### Check Instructions:

- Make check payable to church/agency listed above
- Alternate Church/Grantee to receive funds \_\_\_\_\_
- Mail to church/agency listed above
- Alternate mailing instructions/additional comments \_\_\_\_\_

### Please sign below:

Signature 1: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature 2: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**For Office Use Only:**

Type of Fund: \_\_\_\_\_

Acct Balance: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Check # \_\_\_\_\_

By: \_\_\_\_\_

E.D. Approval: \_\_\_\_\_