



REQUEST FOR WITHDRAWAL/TRANSFER OF AGENCY FUNDS

Date (mm/dd/yyyy): / /

PLEASE MAKE 3 COPIES: 2 FOR BUSINESS OFFICE AND 1 FOR YOUR RECORDS

It is requested that a check be issued as follows:

Payee:

Amount:

Reason for Withdrawal:

Name of Account:

Account Number:

Note: If this check is for personal services, such as a speaker or entertainer, a W-9 is required. The check may not be released until the payee has completed the form.

It is requested that funds be transferred as follows:

From Account Number:

To Account Number:

Treasurer Signature:

Sponsor Signature:

For Office Use Only

Account Number: 7--2110 **Amount:**

Authorized Signature: