



8337 Jefferson Highway
Baton Rouge, LA 70809
225.387.8362 or 800.256.9317
Fax 225.343.0756

REQUEST FOR WITHDRAWAL OF FUNDS

Attn: Tamara Duncan

Date: _____

Account # _____

Account Name: _____

_____ Contact Person

_____ Contact Phone

Please withdraw \$ _____ from the above referenced account number.

Comments: _____

Mail check to:

OR

Direct deposit to:

_____ Church Name

_____ Bank Name

_____ Address

_____ Bank Routing Number

_____ City

_____ Account Number

_____ State

_____ Zip

2 Signatures are required for all withdrawals:

Office Use Only		Notes
Type of Fund: _____		
Acct Balance: _____		
Completion Date: _____	By: _____	