



"Where Faith and Money Come Together"

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 Bello

Date: _____

Account # _____

Account Name: _____

Contact Person

Contact Phone

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

Mail check

OR

Direct deposit* to account ending in

*copy of voided check must be on file for direct deposit

Send confirmation of deposit to: _____

(Please provide email address)

2 AUTHORIZED SIGNATURES ARE REQUIRED FOR ALL WITHDRAWALS:

SIGNATURE 1

SIGNATURE 2

PRINTED NAME

PRINTED NAME

Type of Fund: _____

Office Use Only

Acct Balance: _____

Notes

Completion Date: _____

By: _____