INVESTMENT LOAN PROGRAM WITHDRAWAL

ORGANIZATION ACCOUNTS

Name of Organization: _____

Account Number: _____

Amount Requested: _____

Make Check Payable To: _____

Address Check Should Be Mailed To: _____

_____

_____

***REQUIRED: Signatures of Two Authorized Signers**

Name of First Authorized Signer: _____

Signature: _____

Daytime Telephone: _____

Name of Second Authorized Signer: _____

Signature: _____

Daytime Telephone: _____

*Please note that both signers will be contacted by phone for verbal verification. \

This request may be submitted by email to Brittany Meeks at bmeeks@cumberland.org OR by USPS at 8207 Traditional Place, Cordova, TN 38016