



Revolving Fund
WITHDRAWAL REQUEST

Send to:
North Pacific Union Conference Association
Of Seventh-day Adventist
5709 North 20th Street
Ridgefield, WA 98642

I am requesting a withdrawal from my Revolving Fund Account, **457100-**_____ in the amount
(Account Number)

of \$ _____. Please make the check payable to _____.

(Owner or co-owner Signature)

(Date)

Treasury Approval dated _____ *By* _____



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