



FUNDS REQUEST FORM

Date: _____

To: Mount Olive Baptist Church Federal Credit Union

514 N.L. Robinson Dr. Arlington TX 76011 Phone: 817-261-9325 Fax: 817-275-2806

From: _____

I, _____ am requesting that \$ _____ from
account# _____ be mailed to me, or made payable to the name (or entity) and mailed to the address
below.

If you need additional information you may reach me at (Ph#) _____ or by
email _____.

Attached is a copy of my driver's license.

Thanks for your assistance.

_____ (sign)

_____ (print)