

Withdrawal Request Form

Personal Information

Please specify the purpose of your withdrawal request:

Emergency Deceased Unauthorized Withdrawal Qualified Expense

Student's Name: _____ Today's Date: _____

Street: _____ Unit: _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ School Name: _____

Account number: _____ Current balance: _____

How much are you planning to withdraw? _____

Please explain why you want to withdraw from your account:

Applicant Certification

My signature below certifies that all information provided on this withdrawal request form is accurate and complete to the best of my knowledge.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Authorization

As an authorized representative of the College Kids Program, I authorize 1st Financial Federal Credit Union to prepare a cashier's check to the party listed above drawn from account No. _____ on which the Treasurer's Office is a joint owner in the amount listed above.

Authorized program representative signature

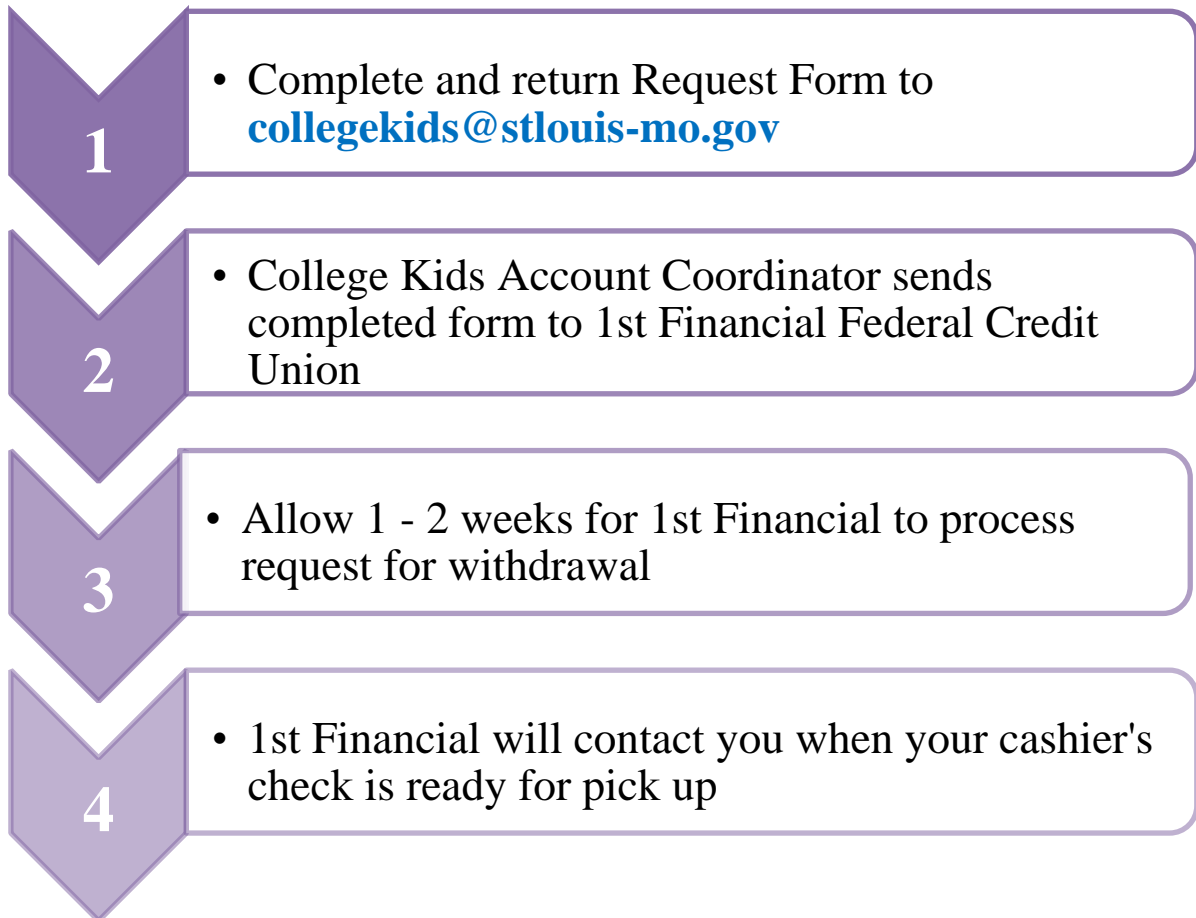
Date

For office use only:

Date received: ____/____/____ By: _____ Check issued: ____/____/____

Notes:

College Kids Emergency Withdrawal Process:



Questions? Email collegekids@stlouis-mo.gov or
call 314-622-4700.

