

VECTOR CONTROL JOINT POWERS AGENCY

1750 Creekside Oaks Drive, Suite 200

Sacramento, CA 95833

(800) 541-4591 ~ Fax (916) 244-1199

Email: echeng@bickmore.net

MEMBER CONTINGENCY FUND WITHDRAWAL FORM

MEMBER: _____

Please type or write your District's name

I. INSTRUCTION:

Please complete the following if you wish to pay invoices from the District's Member Contingency Fund (MCF) account:

1. Review your latest Member Contingency Fund Statement to ensure adequate funds are available to pay your invoice(s);
2. Type/write the invoice information to be paid;
3. Certify the transaction by checking the payment instruction, signing and dating the form; and
4. Return the signed form via mail, fax, or email noted on the top of this form.

If you have any questions, please call Evalina Cheng at (800) 541-4591, ext. 1147

II. INVOICE(S) TO BE PAID FROM THE DISTRICT'S MCF:

	Invoice #	Amount	Description
1.			
2.			
Total			

III. CERTIFICATION:

Please pay the total amount due for the above invoice(s) from the District's Member Contingency Fund account.

Enclosed is the District's remittance for \$ _____ and please transfer \$ _____ from the District's Member Contingency Fund account to pay for the above selected invoice(s).

Print Name

Signature

Date