

VECTOR CONTROL JOINT POWERS AGENCY

1750 Creekside Oaks Drive, Suite 200

Sacramento, CA 95833

(916) 244-1120 ~ Fax (916) 244-1199

Email: cto@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 the enclosed billings from the District's Member Contingency Fund account:

1. Review your latest Member Contingency Fund Statement to ensure adequate funds are available to pay the selected invoice;
2. Check the boxes below to select the invoices to be paid; For fund withdrawal, please check box III;
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 to the mailing address/fax#/email address on the top of this form.

If you have any questions, please call Chi To at 916-244-1120

II. CHECK SELECTION:

	Invoice #	Amount	Description
1.			
2.			
Total			

III. FUND WITHDRAWAL:

- Please withdraw \$_____ from the District's Member Contingency Fund. Please send check to the District's address at _____

IV. CERTIFICATION:

- Please pay the total amount due for the above selected invoices 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.

Print Name

Signature

Date