

# VECTOR CONTROL JOINT POWERS AGENCY

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## 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 Alana Theiss at (916) 244-1120

### II. CHECK SELECTION:

|              | Invoice # | Amount | Description |
|--------------|-----------|--------|-------------|
| 1.           |           |        |             |
| 2.           |           |        |             |
| <b>Total</b> |           |        |             |

### 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