VECTOR CONTROL JOINT POWERS AGENCY

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MEMBER CONTINGENCY FUND DEPOSIT FORM

MEMBER:						
Please type or write your District's name						
I.	INS	ΓRUCTION:				
1. 2. 3.	Please complete the following if you wish to deposit check(s) into the District's Member Contingency Fund account: 1. Endorse the check "Payable to the VCJPA";					
II.	CHECK INFORMATION:					
		Check #	Amount	Description		
	1. 2.					
Total						
 III. CERTIFICATION: Please deposit the above listed checks into the District's Member Contingency Fund account. 						
Print Name S				Signature	Date	