

WITHDRAWAL REQUEST



First Name			
Organization Name			
Last Name			
Address			
City			
State	Zip	Birthdate	
e-mail			/ /

Withdrawal Amount	From	Account #

Total			
Make check payable to:			
Mail to:			
	City	State	Zip

Signature		Date	
Signature		Date	

Two signatures are required for Organizations, Trusts, Corporations, Institutions and Partnerships

**Please complete this form and return to the
Extension Loan Fund in one of the following ways:**

Email
elfinfo@iphc.org

Mail
Extension Loan Fund
PO Box 12609
Oklahoma City, OK 73157

Fax
405.526.5011