

WITHDRAWAL REQUEST



First Name Organization Name	→	<input type="text"/>
Last Name	→	<input type="text"/>
Address	→	<input type="text"/>
City	→	<input type="text"/>
State	→	<input type="text"/>
Zip	→	<input type="text"/>
e-mail	→	<input type="text"/>
		Birthdate
		<input type="text"/> / <input type="text"/> / <input type="text"/>

Withdrawal Amount	From	Investor #
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total	<input type="text"/>	Send Funds Via	<input type="text"/>
Make check payable to:	<input type="text"/>		
Mail to:	<input type="text"/>		
	City	State	Zip

Signature	→	<input type="text"/>	Date	→	<input type="text"/>
Signature	→	<input type="text"/>	Date	→	<input type="text"/>

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