

**FLOWERS EMPLOYEES CREDIT LEAGUE, P.O. Box 3137, Thomasville, GA 31799, 800-659-6877**

**FAX (229) 228-9233**

**SAVINGS WITHDRAWAL REQUEST**

**NOTE:** A \$5.00 balance must be maintained to continue membership.

Name \_\_\_\_\_ Date \_\_\_\_\_

Plant \_\_\_\_\_ Account # \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_ Signature \_\_\_\_\_

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(for credit league use only)

Trial Balance Date \_\_\_\_\_ Account Balance \$ \_\_\_\_\_

Amount Withdrawn \$ \_\_\_\_\_ New Balance \$ \_\_\_\_\_

Check Number \_\_\_\_\_ Date \_\_\_\_\_ Payment by \_\_\_\_\_

Credit League Notification, Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_ (check one) Contact: \_\_\_\_\_