



P.O. Box 900 • Alcoa, TN 37701-090

www.holstonfoundation.org

865-690-8124 Phone

865-690-3162 Fax

### TRANSACTION DIRECTIVE

#### WITHDRAWALS

Account #: \_\_\_\_\_ Account Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Check - Mail to: \_\_\_\_\_  
Name Address/City/State/Zip

Wire (attach instructions)

Account #: \_\_\_\_\_ Account Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Check - Mail to: \_\_\_\_\_  
Name Address/City/State/Zip

Wire (attach instructions)

#### TRANSFERS

**From** Account #: \_\_\_\_\_ Amount: \_\_\_\_\_ **To** Account #: \_\_\_\_\_  
Account Name: \_\_\_\_\_ Account Name: \_\_\_\_\_

**From** Account #: \_\_\_\_\_ Amount: \_\_\_\_\_ **To** Account #: \_\_\_\_\_  
Account Name: \_\_\_\_\_ Account Name: \_\_\_\_\_

*Withdrawal and Transfer requests must be submitted by the 30th of each month. Foundation transactions will be processed by the 15th of the following month. If no selection for processing is made, a check will be issued.*

#### AUTHORIZATION

Authorized Signer's Name (print name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Authorized Signer's Name (print name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Return signed form via mail, fax, or email to [bmills@holstonfoundation.org](mailto:bmills@holstonfoundation.org) or [cmcnulty@holstonfoundation.org](mailto:cmcnulty@holstonfoundation.org)

#### FOUNDATION USE ONLY

Received By: \_\_\_\_\_ Date Completed: \_\_\_\_\_