

WITHDRAWAL REQUEST FORM
ARKANSAS STATE TREASURY MONEY MANAGEMENT TRUST

*Please complete this form and return to the Arkansas State Treasury's Office via email.
Email: MMTrust@artreasury.gov
Contact: STMMT Administrator (501-682-1291)*

Participant Name: _____

Request Date: _____ Transaction Date: _____

Participant's Phone Number: _____

Participant's Email: _____

Withdrawal Amount: _____

From STMMT Account Number: _____

To Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Authorized by:

Signature

Title

Please Print Name

Date

FOR TRUST USE ONLY

Ticket # _____

Correspondent
Bank Name _____

Bank T/R # _____ Account Balance _____

Correspondent Bank T/R# _____