

REGISTRY FUNDS WITHDRAWAL INFORMATION SHEET

Case No: _____

Case Style: _____

Name, Address and Phone Number of Requesting Party

Name: _____

Street Address: _____

City, State, ZIP Code: _____

Telephone Number: _____

Relationship to Payee:

Self

Attorney

Parent/Guardian/Next Friend

State of Texas Bar Number (if applicable): _____

Manner of disbursement:

Certified Mail

Courier

Personal Pickup

Personal Pickup Location: 2300 Bloomdale Road, Suite 2106, McKinney, TX 75071

Phone number: 972-548-4185

Payable to: _____ (Valid Photo ID Required)

Please include address if different than above:

Street Address: _____

City, State, ZIP Code: _____

Telephone Number: _____

*****A Valid Photo ID and Birth Certificate are Required
When Claiming Funds Upon Required Age*****

****PURSUANT TO TEXAS LOCAL GOVERNMENT CODE §117.055, A HANDLING FEE OF
5% OF THE TOTAL UP TO \$50.00 WILL BE DEDUCTED IF THE FUNDS WERE NOT
INVESTED.**

****PURSUANT TO TEXAS LOCAL GOVERNMENT CODE §117.054, A HANDLING FEE OF
10% OF THE ACCRUED INTEREST WILL BE DEDUCTED IF THE FUNDS WERE INVESTED.**