



U.F.C.W. LOCAL 101, WITHDRAWAL REQUEST

IN COMP.

REFUND

MONTH

CLEARED

DATE

REQUEST FOR WITHDRAWAL CARD

NAME _____ SS# _____

ADDRESS _____ CITY _____ ZIP _____

STORE _____ DEPT. _____

REASON FOR LEAVING _____ LAST DAY _____

SUBMITTED BY _____ VERIF. BY _____

DATE MAILED _____ REFUND CHECK # _____

OWES TO CLEAR _____