

STATEMENT OF PRISONER'S PERSONAL DEPOSIT FUND ACCOUNT AND REQUEST FOR WITHDRAWAL OF PERSONAL FUNDS For use of this form, see AR 210-174; the proponent agency is USAFAC.	DATE OF REQUEST
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DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Sec 3012.
 PRINCIPAL PURPOSE: To verify information given on Statement of PDF to insure funds are withdrawn from proper account.
 ROUTINE USE: Information is used to verify withdrawal of funds from PDF.
 DISCLOSURE & EFFECT: Voluntary. If information is not provided, request cannot be completed.

TO: <i>(Custodian of Personal Deposit Fund)</i>	FROM: <i>(Name of prisoner, register number, location, and SSN)</i>
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1. Request withdrawal from my personal deposit fund account the sum of \$ _____ .
 _____ dollars and _____ cents.
(Write out amount in words)

I authorize the payment of the above amount to: _____
(Name) (If an individual, indicate relationship to you.)

(Street address) _____ *(City, State, and Zip Code)*

The purpose of this withdrawal is: _____
 If ordering clothing, specify release date: _____

(Signature of Prisoner)

2. RECOMMEND APPROVAL <i>(As required)</i>			3. APPROVAL
Date	Title	Initials	<i>(Typed/Printed Name & Signature)</i>
			Date

4. NOTIFICATION OF EXPENDITURE		
PAID TO	VOUCHER NO.	AMOUNT
	REQUEST NO.	DATE PAID

5. NOTIFICATION OF ACCOUNT STATUS

At the close of business _____ *(Date)* your account balance is \$ _____ .

At the time of your physical transfer _____ *(Date)* the balance of your account is \$ _____ .

At the time of your physical release _____ *(Date)* the balance of your account is \$ _____ .

6. DATE	7. TYPED NAME OF CUSTODIAN	8. SIGNATURE OF CUSTODIAN
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9. If you have reason to believe an error exists, you must notify the custodian by completing the statement below.

The correct balance is believed to be \$ _____
 State reason: _____

(Signature of Prisoner)