



**MONEY MANAGEMENT TRUST INFORMATION FORM**

Organization: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

How do you want the interest earned paid? (check one)

Directly to you each six months

Retained in the trust to compound

Names of individual(s) authorized to withdraw from the trust:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_