



For Internal Use Only

Date Received \_\_\_\_\_

Entered By: \_\_\_\_\_

## AUTHORIZATION FOR SAVINGS WITHDRAWAL

**Date of Request:** \_\_\_\_\_

**LiLA Employee:** \_\_\_\_\_

*\*Please note that it may take 7-14 business days to receive payment.*

*Please complete and submit this form to authorize withdrawal of funds from your LiLA savings account for approved education and training activities.*

### 1) LiLA ACCOUNT OWNER INFORMATION

LiLA Employee Account Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

### 2) EDUCATION AND TRAINING PROVIDER

Name of education/training provider: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Name of Course/ training: \_\_\_\_\_

Education/Training start date: \_\_\_\_\_ Education/Training completion date: \_\_\_\_\_

### 3) AUTHORIZATION

I hereby authorize the Washington State Lifelong Learning Account Program (LiLA) to withdraw funds in the amount indicated below from my LiLA Savings Account.

*I understand:*

- the LiLA Program Administrator will approve payment only upon submission and approval of Form E-Step 3 of my Career Development Plan.
- the total account balance available to me for approved education and training activities will be the sum of my account contributions plus the amount of matching contributions made by my employer.
- a check will be issued directly to me for the requested amount or an amount not to exceed the combined total amount of my and my employer's contributions.

Form E-Step 3 Attached      Savings Withdrawal Amount Requested \$ \_\_\_\_\_

\_\_\_\_\_  
*LiLA Account Owner Signature*

\_\_\_\_\_  
*Date*

**(See reverse side for mailing instructions)**

#### LiLA Administrator Approval

- Form E CDP Step 1 Submitted/Approved
- Form E CDP Step 2 Submitted/Approved
- Form E CDP Step 3 Submitted/Approved

Employee Account Balance	\$	_____
Employer Matching Funds	\$	_____
Total Available LiLA Funds	\$	_____
Amount Requested	\$	_____
Amount Approved for Payment	\$	_____

\_\_\_\_\_  
*LiLA Program Administrator Signature*

\_\_\_\_\_  
*Date*

Please send completed form with attached Career Development Plan Form E-Step 3 to:

Workforce Training and Education Coordinating Board  
Attn: Mike Brennan, LiLA Program Administrator  
128 – 10<sup>th</sup> Ave., S.W.  
Olympia, WA 98501  
Phone: (360) 586-8683  
[mike.brennan@wtb.wa.gov](mailto:mike.brennan@wtb.wa.gov)