



Children's Mercy
HOSPITALS & CLINICS

www.childrensmc.org

2401 Gillham Road
Kansas City, Missouri 64108
(816) 234-3000

CMAP Promissory Note Draw Request

Legal Name of CMAP: <i>(Children's Mercy – [Practice Name] Inc.)</i>	Children's Mercy -
Amount to be wired:	
Date of wire (mm/dd/yy):	
Entity requester email:	
Authorized individual (print):	
Authorized individual (e-signature required):	
Entity bank name:	
Entity bank routing number:	
Entity bank account number:	
Entity bank account name:	
Entity address:	
Reference / description for wire <i>(initial advance, additional advance, etc.)</i>	
CMH Use Only	
CMH account funds are to be wired from:	
Account name:	ACH Debits
Account Number:	#xxxxx5114
General Ledger number:	10.1000.999.125100
ICS-CMAP wire/collateral approval <i>(manager level or above email confirmation received – name / title?)</i>	Robert D. Finuf II VP, Value & Payor Relations, Exec Dir-ICS
Treasury review / approval (name):	
VP Finance approval (CFO as needed): <i>(e-signatures or email name, date)</i>	
Wire transfer date:	
Initiated by:	
Confirmed by:	
Confirmation saved and distributed (date):	
Version 06-2024 MJ	
Return to:	TreasuryNotifications@cmh.edu kpearcy@cmpcn.org mjessick@cmpcn.org