



Account Withdrawal Request – Churches/Agencies

Tithe your will

Date _____

Name _____

Church or Agency _____

Address: _____

Account number: _____ Account name: _____

Amount to be withdrawn: _____

From: ___Principal ___Earnings

Method of payment:

Check _____ payable to (name & address): _____

Electronic _____ (please attach cancelled check)

Reason for withdrawal: _____

New withdrawals from Endowment Accounts must include meeting minutes with this form.

Withdrawal authorized by:

Printed name: _____ Position: _____

Signature: _____ Phone/Email: _____

Printed name: _____ Position: _____

Signature: _____ Phone/Email: _____

E-mail address for receipt confirmation: _____

PLEASE NOTE:

Withdrawal requests from Fixed Income Fund, Balanced Fund, and Equity Growth Fund Accounts must be received by the Foundation three business days prior to the last business day of the month. Payments from these accounts are issued by the 15th of the following month. Payments from Short Term Cash or Methodists Helping Methodists Funds are usually issued within 2 business days of receipt of the withdrawal request.

Questions may be directed to Martha Friedrich at martha@rm-umf.org or (303) 778-6370.

*All fields are required to be completed or the form may be returned to the church.

For Internal Use Only
Sig ____ FW/DDI ____ Log ____ DDI ____
Ack ____ QB ____ Cash Sheet ____ Scan ____
Check # _____ Check Date _____