



**Account Withdrawal Request - Individuals**

*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Amount to be withdrawn: \_\_\_\_\_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: \_\_\_\_\_

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 15<sup>th</sup> 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](mailto: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 \_\_\_\_\_