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AUTHORIZATION for WITHDRAWAL/DEPOSIT

| | | | | | |
|---|---------------------------|---------------------|--------|---------------------|--|
| Date | | Acct. Number | | | |
| Acct. Name | | Contact info | Phone: | Email: | |
| Deposit Amount: | Withdrawal Amount: | Closing: | | | |
| Organization Name: | | | | | |
| Address: | | | | | |
| City: | | State: | | Zip Code: | |
| <p>Deposit/withdrawal will be allocated by account preset. If you would like to change current account allocation please contact the Methodist Foundation staff.</p> <p>Please Note: Requests for funds are processed on a weekly basis. Your request must be received 2 business days prior to this date. We will accept fax/email requests; however, you are requested to send the original documents immediately for our files ASAP.</p> <p>Checks are mailed no later than 8 business days after the activity dates. Checks are made payable to the existing organization. When closing an account, up to 30 days may be required for the final amount to be calculated and distributed.</p> | | | | | |
| <p><small>All checks for deposit must be made payable to the United Methodist Foundation of Michigan. No 3rd party checks will be accepted for deposit. Funds are deposited into your account on the next valuation date.</small></p> | | | | | |
| Authorized Signature: | | | | Date Signed: | |
| Print Name: | | | | | |
| Position or Official Capacity: | | | | | |