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AUTHORIZATION for WITHDRAWAL/DEPOSIT

| LLC Collective Investment Accounts | | | | | | | | |
|---|--|------------------------------|-------------------|------------|------------------------|--------------|---|--|
| _ | - | | Acct. | | | | | |
| Date: | | | Number: | (F auestio | ns. how do w | e reach you? | | |
| Please indicate: | | | - | ii questio | 15, 11011 40 11 | e reach you. | | |
| Deposit, | | | E | Email: | | | | |
| Withdrawal or | | If Transfer note both To and | | | | | | |
| Transfer? | | From Account Numbers | F | Phone: | | | | |
| | | within the LLC Funds ONLY | | | | | T | |
| | Amount: | | Indicate if Closi | ina: | | | | |
| | | | | | lculated at that time) | | | |
| Church | | | | | | | | |
| | Name: | | | | | | | |
| | Address: | | | | | | | |
| | Addiess. | | | | | | | |
| | | | | | | | | |
| City: | | | State: | | Zip Code: | | | |
| This request must be signed by an Authorized Signature as recorded in our offices. | | | | | | | | |
| Δ | All checks for deposit must be made payable to the <u>UMF Collective Funds of Michigan, LLC</u> . No | | | | | | | |
| 3 rd party checks will be accepted for deposit. | | | | | | | | |
| | | | | | | | | |
| Deposit/withdrawal will be allocated by account preset. If you would like to change current | | | | | | | | |
| account allocation, please contact our office. | | | | | | | | |
| Checks will only be made payable to the Church Name/Account Holder. | | | | | | | | |
| Checks will only be made payable to the Charch Mame, Account Holder. | | | | | | | | |
| Generally, transactions are completed within 7-10 business days from receipt. | | | | | | | | |
| When closing an account, up to 30 days may be required for the | | | | | | | | |
| | final amount to be calculated and distributed. | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Δ | uthorized | | | Date | | | | |
| _ | gnature: | | | Signe | d: | | | |
| | Print Name: | | | | | | | |
| | | | | | | | | |
| Position or Official Capacity: | | | | | | | | |