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AUTHORIZATION for WITHDRAWAL/DEPOSIT

Date:		Acct. Number:		
Acct. Name/Church		Contact info	Email: Phone:	
Deposit Amount:		Withdrawal Amount:		Indicate if Closing:
Church Name:				
Address:				
City:		State:		Zip Code:
<p>This request must be signed by an Authorized Signature as recorded in our offices.</p> <p>All checks for deposit must be made payable to the <u>UMF Collective Funds of Michigan, LLC</u>. No 3rd party checks will be accepted for deposit.</p> <p>Deposit/withdrawal will be allocated by account preset. If you would like to change current account allocation please contact the United Methodist Foundation staff.</p> <p>Checks will only be made payable to the Church Name/Account Holder.</p> <p>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.</p>				
Authorized Signature:			Date Signed:	
Print Name:				
Position or Official Capacity:				