



**MOUNTAIN SKY  
UNITED METHODIST  
FOUNDATION**

*Endowments  
Investing  
Gift Planning  
Loans*

**Withdrawal Request (Individual or Trust Accounts)**

*Please complete all lines or write N/A if it does not apply. Incomplete forms may delay your request.  
Electronic signatures are not allowed.*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone \_\_\_\_\_

Account Number: \_\_\_\_\_ Amount of Withdrawal: \_\_\_\_\_

Reason for Withdrawal (for archive purposes only): \_\_\_\_\_

Payment Date: As soon as possible At the investment maturity date Other \_\_\_\_\_

Payment Method: Electronic: Use account on file ending in \_\_ \_\_ \_\_, OR Cancelled check attached

OR Make check payable to (Name & Address) \_\_\_\_\_

Withdrawal Authorized by:

(1) Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

(2 if applicable) Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

E-mail Address for Receipt Confirmation: \_\_\_\_\_

**PLEASE NOTE:** Payments are typically issued within two (2) business days of receipt of the withdrawal request. If you are closing an account before its maturity date, you may incur an early withdrawal penalty.

**Questions:** Info@MountainSkyUMF.org or 303-778-6370.

For Internal Use Only	
DDI c <input type="checkbox"/>	DDI tx <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Scan <input type="checkbox"/>
Activity Log <input type="checkbox"/>	Cash Sheet <input type="checkbox"/> Slg <input type="checkbox"/> ACK <input type="checkbox"/>
Ck # _____	Ck Date _____

*Tithe Your Will*