



**MOUNTAIN SKY
UNITED METHODIST
FOUNDATION**

*Endowments
Investing
Gift Planning
Loans*

Withdrawal Request (Church/Agency)

*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: _____

Church or Agency Name: _____

Address: _____

Email: _____ Phone _____

Account Number: _____ Account Name: _____

Amount of Withdrawal: _____ From: Earnings Principal

Reason for Withdrawal: _____

(NOTE: Withdrawals from Endowment Accounts must include meeting minutes with this form.)

Payment Method: Electronic: Use account on file ending in ____ ____, or Cancelled check attached
OR Check payable to (Name & Address) _____

Withdrawal Authorized by:

(1) Signature: _____ Title/Position: _____

Print Name: _____ Phone or Email: _____

(2) Signature: _____ Title/Position: _____

Print Name: _____ Phone or Email: _____

E-mail Address for Receipt Confirmation: _____

PLEASE NOTE: Withdrawal requests for Balanced, Equity Growth or Fixed Income funds must be received by the Foundation by noon on the last business day of the month. Payments from these accounts are issued by the 10th business day of the following month. Withdrawal requests from the Short Term Cash Fund or Methodists Helping Methodists Fund are typically processed within two (2) business days of receipt of the withdrawal request.

Questions: Info@MountainSkyUMF.org or 303.778.6370

For Internal Use Only				
DDI <input type="checkbox"/>	FW/DDI <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"/>	Sig <input type="checkbox"/>	QB <input type="checkbox"/>	Ack <input type="checkbox"/>

Tithe Your Will