



Dakotas | Minnesota
**METHODIST
FOUNDATIONS**

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Withdrawal Request Form

Mail to:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Please Withdraw: _____
Amount

Make Check Payable to: _____

Check will be mailed to the address provided above.

If you have previously authorized the use of Direct Deposit, this amount will be electronically deposited to your bank account, rather than issuing a check. If you wish to sign up for Direct Deposit, please call the Foundation.

Description:

From: _____
Account Number Account Name

Approved by: _____
Trustee - Chairperson Date

For check processing allow 3-5 business days after receipt of written request and up to 10 business days for amounts of \$10,000 and greater.

Thank you for choosing to invest with the Foundation.