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# Withdrawal Request Form

## Mail to:

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please Withdraw: \_\_\_\_\_

Amount

Make Check Payable to: \_\_\_\_\_

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

Description:

From:

\_\_\_\_\_ Account Number

\_\_\_\_\_ Account Name

Withdraw On:  1/31     2/28     3/31     4/30     5/31     6/30  
 7/31     8/31     9/30     10/31     11/30     12/31

Approved by: \_\_\_\_\_

Trustee - Chairperson

\_\_\_\_\_ Date

**Withdrawals are only allowed at month-end. This Withdrawal Request form must be received at the Foundation Office no later than the 20th of the month, to be included in month-end processing. (A copy will be returned with the check to the address completed above.)**

*Consider putting the Minnesota United Methodist Foundation in your will.*