

Minnesota United Methodist Foundation. Inc.
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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:

| |
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| |
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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. (The check will be mailed to the address completed above.)

Put the Minnesota United Methodist Foundation in your will