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## AUTHORIZATION for WITHDRAWAL/DEPOSIT FOR UMF COLLECTIVE INVESTMENT, LLC ACCOUNTS

Date:	Accor	unt Number:		
Account Name/Church Name	<b>Contact Information</b>			
(if a transfer - note both To and	Email:			
From Account Numbers)	Phone:			
Deposit Amount:	Withdrawal Amount:	Closing	g? Yes	No
From/Send To:				
Address:				
City:		State	Zip Co	ode
This request must be signed by an Authorized Signature as recorded in our offices.				
All checks for deposit must be made payable to the UMF COLLECTIVE FUNDS OF MICHIGAN, LLC. No 3 <sup>rd</sup> party checks will be accepted for deposit.				
Checks will only be made payable to the Church Name / Account Holder.				
Generally, transactions are completed within 7-10 business days from receipt.				
When closing an account, up to 30 days may be required for the final amount to be calculated and distributed.				
Authorized Signature:				
Print Name:				
Position or Official Capacity:		Date Signed:		