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

Date:				Account Number:	
<u>Account Name/Church Name</u> (if a transfer - note both To and From Account Numbers)			<u>Contact Information</u> Email: _____ Phone: _____		
Deposit Amount:		Withdrawal Amount:		Closing? Yes No	
From/Send To:			Electronic Funds Transfer: Yes No		
Address:					
City:		State		Zip Code	
<p>This request must be signed by an Authorized Signature as recorded in our offices.</p> <p>All checks for deposit must be made payable to the UMF COLLECTIVE FUNDS OF MICHIGAN, LLC. No 3rd party checks will be accepted for deposit.</p> <p>Checks will only be made payable to the Church Name / Account Holder.</p> <p>Generally, transactions are completed within 7-10 business days from receipt.</p>					
Authorized Signature:					
Print Name:					
Position or Official Capacity:			Date Signed:		

June 10, 2025