

## 3347 Eagle Run Drive NE Suite B • Grand Rapids, Michigan • 49525

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## AUTHORIZATION for WITHDRAWAL/DEPOSIT FOR MICHIGAN AREA LOAN FUND ACCOUNTS

Date:	Account Number:	
Date.	Account Number	
Account Name/Church Name	Contact Informatic	n
(If a transfer - note both To and	Email:	
From Account Numbers)	Phone:	
Deposit Amount:	Withdrawal Amount:	Closing? Yes No
From/Send To:		EFT? Yes No
Address:		
City:	State Z	/ip Code
This request must be signed by an Authorized Signature as recorded in our offices. All checks for deposit must be made payable to the <mark>MICHIGAN AREA LOAN FUND</mark> . 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:	