United Methodist Foundation of Michigan

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

Date: **Account Number:**

Account Name/Church Name
(if a transfer - note both To and From Account Numbers)

Contact Information
Email: _____
Phone: _____

Deposit Amount: **Withdrawal Amount:** **Closing? Yes** ☐ **No** ☐

From/Send To: **Electronic Funds Transfer: Yes** ☐ **No** ☐

Address:

City: **State** **Zip 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 UMF COLLECTIVE FUNDS OF MICHIGAN, LLC. No 3rd 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.

Authorized Signature:

Print Name:

Position or Official Capacity: **Date Signed:**