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Withdrawal | Distribution Authorization

Church / Organization Name:				Date:		
Stree	t Address	:				
City,	State Zip (Code:				
We (I) authoriz	e Midwest Metl	nodist Foundation to w	thdraw or distribute funds from our Investment Account as follows		
	Accour	nt Name:		Account Number:		
	Amoun	nt \$ or % (once? (INDICATE \$ or RECURRING DI	annualized?):	Withdraw from: 00" or "5% annualized." (INDICATE \$ or %, e.g. "50% moderate, 50% conservative." If left blank the amount will use the default allocation.)		
		Please comple	te a separate form for e	each account from which withdrawals are requested.		
The U		_ via check maile	ed to the Church / Orga	below and complete additional details): nization, attention: t time transfer to bank account? Send voided check to UMFNIC.)		
				Bank account #:		
				account with the Foundation, Account #:		
	RRING DI	STRIBUTION: To	create / modify / can	cel (circle one) a recurring distribution via ACH / check (circle one) complete the following information:		
	Date to	begin:	Until:	Day: 🗖 8 th 🗖 23 rd (check one) Every # of month(s):		
Autho	orized Sig	ners (Add additi	onal sheet for more tha	n 2 required signatures.)		
1.						
	NAME	(Please Print)		SIGNATURE		
	TITLE			DAYTIME PHONE NUMBER		
	EMAIL AD	DDRESS				
2.						
	NAME	(Please Print)		SIGNATURE		
	TITLE			DAYTIME PHONE NUMBER		
	EMAIL AD	DDRESS				