



Methodists Helping Methodists

F O U N D A T I O N

Withdrawal Request (Churches / Organizations)

Please complete all lines or write N/A if it does not apply. Incomplete forms may delay your request.

Date _____ Account Owner Name _____
(Person, Church, or Organization)

Address _____

City _____ State _____ Zip _____

Contact Name _____

Phone _____ - _____ - _____ Email _____

Account Number: _____ Account Name: _____

Amount of Withdrawal: _____ From: Earnings Principal

Reason for Withdrawal: _____

(NOTE: Withdrawals from Endowment Accounts must include meeting minutes with this form.)

Payment Method: Electronic: Use account on file ending in __ __ __ , or Voided check attached

OR Check payable to (Name & Address) _____

____ Please use the paperless, no signatures required process. I have listed the names and contact information for the authorized signers to contact by phone.

Authorized signers:

(1) Signature: _____ Title/Position: _____

Print Name: _____ Phone or Email: _____

(2) Signature: _____ Title/Position: _____

Print Name: _____ Phone or Email: _____

E-mail Address for Receipt Confirmation: _____

PLEASE NOTE: Withdrawal requests for Balanced, Equity Growth or Fixed Income funds must be received by the Foundation by noon on the last business day of the month. Payments from these accounts are issued by the 10th business day of the following month. Withdrawal requests from the Short Term Cash Fund or Methodists Helping Methodists Fund are typically processed within two (2) business days of receipt of the withdrawal request.

Send to: 7350 E Progress Pl, Ste 205, Greenwood Village CO 80111
info@MHMFN.org Fax: 303-777-6292