



# Methodists Helping Methodists

F O U N D A T I O N

## Withdrawal Request (People / Trusts)

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

Date \_\_\_\_\_ Account Owner Name \_\_\_\_\_  
*Person or name of trust*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_

Amount of Withdrawal: \_\_\_\_\_

Reason for Withdrawal (Optional: This information is requested for your archive purposes only):  
\_\_\_\_\_

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.

Withdrawal Authorized by:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Second Signature (optional): \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE NOTE:** Payments are typically issued within two (2) business days of receipt of the withdrawal request. If you are closing an account before its maturity date, you may incur an early withdrawal penalty.

**Send to:** 7350 E Progress Pl, Ste 108, Greenwood Village CO 80111  
[info@MHMFN.org](mailto:info@MHMFN.org) Fax: 303-777-6292