



# 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) \_\_\_\_\_

(City, State and Zip) \_\_\_\_\_

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: \_\_\_\_\_

Email 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 10<sup>th</sup> business day of the following month. Withdrawal requests are typically processed on Wednesdays if received by Tuesday at Noon. If you need funds sooner, please contact us by phone or email.

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