

The Mississippi United Methodist Foundation, Inc.
PO Box 2415
Ridgeland, MS 39158-2415
Phone: 601-948-8845 Fax: 601-360-0843 Email: billie@ms-umf.org

Withdrawal Form
(Please Type or Print)

Date: _____

Investor Name: _____

Contact Name: _____ Contact Phone #: _____

Account Name: _____

Account Number: _____ Amount: _____

Account Name: _____

Account Number: _____ Amount: _____

Withdrawal by: Check ACH(information on file) ACH(information below)

Name of Bank: _____

checking or savings business or personal

_____ account number _____ routing number

Comments: _____

Authorized Signatures:

Signature _____ Type or Print Name _____

Signature _____ Type or Print Name _____

Signature _____ Type or Print Name _____

Signature _____ Type or Print Name _____

Written withdrawal requests may be may be faxed or emailed to our office. Fax is recommended for security of bank account information.
Requests for withdrawals from the Short Term Fund require 1 business day notice. Processing may take up to 3 business days.
Requests for withdrawals of principal from the Long Term Fund must be made 5 business days before June 30 or December 31. Distributions will be made after revaluation of the portfolio for those quarters.

FOR OFFICE USE ONLY	
Date Received	
Date Issued	
Check Number	
Confirmed by	