



ROCKY MOUNTAIN
UNITED METHODIST FOUNDATION, INC.
7350 E Progress Pl, Suite 205
Greenwood Village, CO 80111
303/778-6370{office}
303/777-6292{fax}

WITHDRAWAL REQUEST

CHURCH OR AGENCY

NAME OF FUND

Account number

ADDRESS

Make Payable To: _____

Amount to be withdrawn:

From:

_____ ___Principal ___Earnings

Reason for withdrawal: _____

Email address for receipt confirmation: _____

Withdrawal authorized by:

Name: _____

Position: _____

Name: _____

Position: _____

Name: _____

Position: _____

Date: _____

PLEASE NOTE:

Balanced, Fixed Income or Equity Growth Accounts- Complete & send this form to the Foundation Office by the last business day of the MONTH. Payments will be made by the 15th of the following month and mailed.

Money Market Accounts - Complete & send this form to the Foundation office, payment will be mailed within 2 business days of receipt.