



## Investment Account Withdrawal Form

Date: \_\_\_\_\_

Church: \_\_\_\_\_

*Please type or print information.*

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Purpose for Withdrawal: \_\_\_\_\_

### Authorized Signatures:

\_\_\_\_\_  
Print Name Signature/Title

\_\_\_\_\_  
Print Name Signature/Title

\_\_\_\_\_  
Print Name Signature/Title

### Church Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*For check processing allow 3-5 business days after receipt of written request and 10 business days for amounts of \$10,000 and greater.*

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