



Dakotas | Minnesota
**METHODIST
FOUNDATIONS**

Investment Account Withdrawal Form

Date: _____

Church/Ministry: _____
Please type or print information.

Contact Name: _____ Phone #: _____

Email: _____

Account Name: _____

Account Number: _____ Amount: _____

Purpose for Withdrawal: _____

Authorized Signatures:

Print Name Signature/Title

Print Name Signature/Title

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	