



Dakotas | Minnesota
**METHODIST
FOUNDATIONS**

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605-990-7790

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Withdrawal Request Form

☐ **Dakotas Methodist Foundation Account**

☐ **Minnesota Methodist Foundation Account**

Church or Organization: _____ **Date:** _____

Address: _____

WITHDRAWAL AMOUNT: \$ _____

WITHDRAW FROM THE FOLLOWING ACCOUNT:

Account #: _____

Account Name: _____

Purpose of Withdrawal: _____

METHOD OF PAYMENT:

☐ Check *(Mailed to address above.)*

☐ ACH *(Per bank account instructions on file or complete an ACH Authorization Agreement form found in the statement portal.)*

☐ Transfer to another Foundation account:

Account #: _____ Account Name: _____

AUTHORIZED SIGNERS: *(2 signatures if required by church)*

NAME *(Please Print)*

SIGNATURE

TITLE

NAME *(Please Print)*

SIGNATURE

TITLE

PLEASE NOTE: Withdrawal requests received by 3 pm on Wednesday will be processed the following Monday, however this schedule may change in certain weeks due to holidays etc.