

## Investment Withdrawal Authorization Form

We hereby choose to initiate the withdrawl of funds from Investment Account #					
Name of Investment:					
Amount of withdrawal: \$					
Church Information  Name: Address: Phone: E-Mail:					
			Pastor:		
			Authorized Signatures		
			Treasurer Signature	Print Name	Date
			Board Chair Signature	Print Name	 Date
Pastor Signature	Print Name	Date			

For check processing, please allow 3-5 business days after receipt of written request and 10 business days for amounts of \$10,000 and greater. Contact the Dakotas United Methodist Foundation Office with any questions at (605) 990-7790 or info@dakotasumf.org

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