



"Where Faith and Money Come Together"

8337 Jefferson Highway
Baton Rouge, LA 70809
(225) 346 – 1535

REQUEST FOR WITHDRAWAL OF FUNDS

Date: _____

Account # _____

Account Name: _____

Contact Person (Title, First and Last Name)

Contact Phone

Please withdraw \$ _____ from the above referenced account number.

Distribution:

☐ Mail check

☐ Direct deposit* to account ending in

*copy of voided check must be on file for direct deposit

Send confirmation of deposit to: _____
(Please provide email address)

2 AUTHORIZED SIGNATURES ARE REQUIRED FOR ALL WITHDRAWALS:

SIGNATURE 1

SIGNATURE 2

PRINTED NAME

PRINTED NAME

Office Use Only	
Type of Fund: _____	
Acct Balance: _____	Notes
Completion Date: _____	By: _____

United Methodist Foundation of Louisiana

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