



ACCOUNT WITHDRAWAL REQUEST – CHURCHES AND AGENCIES

Date: _____

Church or Agency: _____

Address: _____

Total Requested Withdrawal Amount: \$ _____

Withdraw funds from the following account(s)

Account #: _____ Account Name: _____

Amount to be withdrawn: \$ _____

Account #: _____ Account Name: _____

Amount to be withdrawn: \$ _____

Account #: _____ Account Name: _____

Amount to be withdrawn: \$ _____

Purpose of Withdrawal: _____

(Attach Additional Account Withdrawal Request Forms If Necessary)

Method of Payment:

- Check
Electronic ACH (per instructions on file, or complete the Authorization Agreement for Automatic Deposits and also attach a voided check upon submission.)

Withdrawal Authorized by: These required 2 persons must be listed on the Officer Authorization Signature Form (page 2 of the Account Investment Application.)

Printed Name: _____ Title: _____

Signature: _____ Email: _____

Printed Name: _____ Title: _____

Signature: _____ Email: _____

Email address for ACH receipt deposit confirmation: _____

PLEASE NOTE: Withdrawal requests from accounts must be received by the Foundation three (3) business days prior to each Thursday of the week to be issued by the end of the week. To withdraw full amount of account, please contact us.

100 E. First Avenue • PO Box 605 • Hutchinson KS 67504-0605
Phone 620-664-9623 • Fax 620-662-8597
www.kansasmethodistfoundation.org • info@kansasmethodistfoundation.org