METHODIST FOUNDATION OF MISSISSIPPI

Withdrawal Form

(Please, Type or Print)

Date:_____

Contact Name:_____

Contact Phone #:_____

Contact Email:_____

Foundation Account Name:_____

Foundation Account #:_____

Amount:_____ **or Close Account** ☐

Withdrawal by: Check ☐ Direct Deposit(information on file) ☐

Direct Deposit Agreement Attached ☐

Transfer to another Foundation Account #: _____

Comments:_____

_____

_____

Authorized Signatures:

Signature	Type or Print Name
Signature	Type or Print Name
Signature	Type or Print Name
Signature	Type or Print Name

Written withdrawal requests may be may be faxed or emailed to our office. If you would like to use email; please, email accounting@ms-umf.org to request a secure email link. The protection of your financial information is our top priority.

P.O. Box 2415 Ridgeland, MS 39158-2415 Phone: 601-948-8845 Fax:601-360-0843 Email: accounting@ms-umf.org

For Office Use Only					
Date Received		**Date Issued**		**Ref. #**	
Initiated By		**Released By**			