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@methodistfm.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@methodistfm.org**

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