



METHODIST FOUNDATION  
OF MISSISSIPPI

# Withdrawal/Distribution Form

## Withdrawal from MFM Account

(Please, Type or Print)

Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Foundation Account Name: \_\_\_\_\_

Foundation Account #: \_\_\_\_\_ Amount: \_\_\_\_\_ Close Account

Withdrawal by: Check  ACH (Agreement on File)  ACH (Agreement included)

(ACH Authorization Form located on website  
<https://methodistfm.org/download-forms/>)

Transfer to another Foundation Account: \_\_\_\_\_

Frequency of Withdrawal (if by ACH):

Effective date: \_\_\_\_\_ (insert date)

**One Time Only**

Recurring:

Monthly

Spending Plan  
(Long Term Accounts Only)

Quarterly

If using ACH, please provide the last 4 digits of the bank account number you wish to use: \_\_\_\_\_

Recurring ACHs will remain in effect until the Foundation receives a written request to cancel automatic withdrawals. Written cancellation requests must be received no less than 5 business days before the next scheduled withdrawal.

### Authorized Signatures:

\_\_\_\_\_  
SIGNATURE TYPE OR PRINT NAME

\_\_\_\_\_  
SIGNATURE TYPE OR PRINT NAME

\_\_\_\_\_  
SIGNATURE TYPE OR PRINT NAME

\_\_\_\_\_  
SIGNATURE TYPE OR PRINT NAME

Requests may be sent via email [accounting@methodistfm.org](mailto:accounting@methodistfm.org), fax, 601-360-0843, or mail, PO Box 2415, Ridgeland, MS 39158. You may request a secure email link by emailing [accounting@methodistfm.org](mailto:accounting@methodistfm.org) or calling (601)948-8845.