

## Withdrawal Authorization

Church / Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State Zip Code: \_\_\_\_\_

We (I) authorize The United Methodist Foundation of the Northern Illinois Conference, Inc. (UMFNIC) to withdraw funds from our Investment Account as follows:

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Amount \$ or % (once? annualized?): \_\_\_\_\_ Withdraw from: \_\_\_\_\_  
(INDICATE \$ or %, once? annualized?, e.g. "\$5000" or "5% annualized."  
RECURRING DISTRIBUTION? Please complete the schedule below.) (INDICATE \$ or %, e.g. "50% moderate, 50% conservative."  
If left blank the amount will use the default allocation.)

*Please complete a separate form for each account from which withdrawals are requested.*

**We understand that properly executed withdrawal requests received after the end of the month and by the 15<sup>th</sup> will be fulfilled by the end of the current month and that requests received after the 15<sup>th</sup> and by the end of the month will be fulfilled by the 15<sup>th</sup> of the subsequent month.**

The UMFNIC is directed to remit payment **(check one below and complete additional details):**

\_\_\_\_\_ via check mailed to the Church / Organization, attention: \_\_\_\_\_

\_\_\_\_\_ via electronic ACH funds transfer **(First time transfer to bank account? Send voided check to UMFNIC.)**

9-digit bank routing #: \_\_\_\_\_ Bank account #: \_\_\_\_\_

\_\_\_\_\_ via inter-account transfer to another account with the Foundation, Account #: \_\_\_\_\_

**RECURRING DISTRIBUTION: To create / modify / cancel (circle one) a recurring distribution via ACH / check (circle one), authorized signers should initial here \_\_\_\_\_ and complete the following information:**

Date to begin: \_\_\_\_\_ Until: \_\_\_\_\_ Day:  8<sup>th</sup>  23<sup>rd</sup> (check one) Every # of month(s): \_\_\_\_\_

**Authorized Signers** (Add additional sheet for more than 2 required signatures.)

1. \_\_\_\_\_  
NAME (Please Print) SIGNATURE  
\_\_\_\_\_  
TITLE DAYTIME PHONE NUMBER  
\_\_\_\_\_  
EMAIL ADDRESS

2. \_\_\_\_\_  
NAME (Please Print) SIGNATURE  
\_\_\_\_\_  
TITLE DAYTIME PHONE NUMBER  
\_\_\_\_\_  
EMAIL ADDRESS