



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." (INDICATE \$ or %, e.g. "50% moderate, 50% conservative."
RECURRING DISTRIBUTION? Please complete the schedule below.) 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 15th will be fulfilled by the end of the current month and that requests received after the 15th and by the end of the month will be fulfilled by the 15th 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: 1st 15th (circle 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