



Withdrawal Request Form

Mail to:

Name: _____
Street: _____
City: _____

When you click the "Email Form" button, your computer's e-mail application should open and you will e-mail the form. If your e-mail does NOT open upon clicking "Email Form" then you have not successfully e-mailed this form to the Foundation.

Please Withdraw: _____
Amount

Make Check Payable to: _____

If you have previously authorized the use of Direct Deposit, this amount will be electronically deposited to your bank account on the 10th of the month, rather than issuing a check. If you wish to sign-up for Direct Deposit, please call the Foundation.

Description:

From:

Account Number _____ Account Name _____

Withdrawal On: 1/10 2/10 3/10 4/10 5/10 6/10
 7/10 8/10 9/10 10/10 11/10 12/10

Approved by:

_____ Church Officer or Authorized Signer

_____ Date

Withdrawals are made on the 10th of the month. This Withdrawal Request form must be received at the Foundation Office no later than the 25th of the month, to be paid the following 10th. (The check will be mailed to the address completed above.)