



United Methodist Foundation of West Virginia, Inc. Distribution Request

Date: _____

Church / Ministry Name: _____

Foundation account: *(please provide account name or account number)*

Account Number: _____

Account Name: _____

Amount of Distribution: _____

Special instructions: _____

Check payable to: _____

Mail to: _____

OR

Electronic deposit: _____ Send via ACH using information on the attached voided check.

Please note:

- Churches must provide a voided check the first time an ACH is requested in order for The Foundation to process the transfer.
- We process ACH requests immediately, but the ACH banking system requires 2-3 days for the deposit to be credited to the church's account.

Signature

Signature

Printed Name

Printed Name

Office

Office

You can mail, fax or email this form to us. Additional forms can be downloaded from our website. This form is NOT REQUIRED for distributions; a written request signed by the appropriate officers as outlined in the account Agreement will always suffice. Thank you for including the Foundation in the work of your ministry. If you have questions or if we can help you, please call.

United Methodist Foundation of West Virginia, Inc.

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(304) 342-2113 Fax: (304) 342-2632

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