The Church Foundation

STRONG FOUNDATION. FAITHFUL INVESTING.

Withdrawal Request

Date: _____

Please complete this form and return it to mrichardson@diopa.org. When submitting the form, please be sure both emails of the authorized signers are included on the request email.

Church/School/Organization Name: _____

Check One: _____Consolidated Fund _____ Short Term Fund
(Include Vestry Minutes or Resolution approving the withdrawal)

Fund Account Name: _____

Fund Account Number: _____ Amount requested: $_____

Transfer Instructions

Please select one:

_____ACH/Direct Deposit

Bank Name:_____

_____Check
(Made payable to your church/school/organization)

Last 4 digits of Account # _____
(Must match the bank account on file. Please contact TCF if we do not have your bank account on file.)

Two Person Authorization Required

Primary Signer: _____
(Must match signer Authorization form or have vestry minutes included in request with position listed)

Signature _____

Secondary Signer: _____
(Must match signer Authorization form or have vestry minutes included in request with position listed)

Signature _____