



ACCOUNT WITHDRAWAL REQUEST –  
CHURCHES AND AGENCIES

Date: \_\_\_\_\_

Church or Agency: \_\_\_\_\_

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

Total Requested Withdrawal Amount: \$ \_\_\_\_\_

Withdraw funds from the following account(s)

Account #: \_\_\_\_\_ Account Name: \_\_\_\_\_

Amount to be withdrawn: \$ \_\_\_\_\_

Account #: \_\_\_\_\_ Account Name: \_\_\_\_\_

Amount to be withdrawn: \$ \_\_\_\_\_

Account #: \_\_\_\_\_ Account Name: \_\_\_\_\_

Amount to be withdrawn: \$ \_\_\_\_\_

Purpose of Withdrawal: \_\_\_\_\_

*(Attach Additional Account Withdrawal Request Forms If Necessary)*

**Method of Payment:**

Check

Electronic ACH *(per instructions on file, or complete the Authorization Agreement for Automatic Deposit(s). Please complete the ACH Direct Deposit Form located on page 2. Please attach a voided check upon submission.)*

Withdrawal Authorized by: *These persons must be listed on the Officer Authorization Signature Form (page 2 of the Account Investment Application.)*

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Email address for ACH receipt deposit confirmation: \_\_\_\_\_

***PLEASE NOTE: Withdrawal requests from accounts must be received by the Foundation three (3) business days prior to each Thursday of the week to be issued by the end of the week. To withdraw full amount of account, please contact us.***

100 E. First Avenue • PO Box 605 • Hutchinson KS 67504-0605  
620-664-9623 • Toll Free 888-453-8405 • Fax 620-662-8597

www.kaumf.org • 