



Withdrawal Request Form

This form is to serve as a directive, authorized by the account holder identified below, to release funds from:

Account Number: _____

Account Name: _____

Account Holder (Church or Agency) Legal Name:

Account Holder (Church or Agency) Mailing Address:

Amount of Requested Withdrawal: _____ or Close Account

*Withdrawal may take up to 10-14 business days of request being received in our office.

Authorized Signature #1: _____ Date _____

Printed Name _____ Title _____

Authorized Signature #2: _____ Date _____

Printed Name _____ Title _____

** Complete forms can be emailed to info@umfoundation.org as an attachment or can be mailed to our office at 223 Fourth Avenue, Suite 707, Pittsburgh, PA 15222.