

3347 Eagle Run Drive NE Suite B • Grand Rapids, Michigan • 49525
Phone 1-888-451-1929 • Fax 1-616-825-6178 • Email: info@umfmichigan.org
WWW.UMFMichigan.org

AUTHORIZATION for WITHDRAWAL/DEPOSIT FOR MICHIGAN AREA LOAN FUND ACCOUNTS

Date:	Accoun	t Number:		
Account Name/Church Name	Contact Is	formation		
(if a transfer - note both To and	<u>Contact II</u> Email:	<u>nformation</u>		
From Account Numbers)	Phone:			
Trom recount rounders)	T Hone.			
Deposit Amount:	Withdrawal Amount:	Closing	g? Yes	No
From/Send To:				
Address:				
City:		State	Zip C	ode
This request must be signed by an Authorized Signature as recorded in our offices. All checks for deposit must be made payable to the MICHIGAN AREA LOAN FUND. No 3 rd party checks will be accepted for deposit. Checks will only be made payable to the Church Name / Account Holder. Generally, transactions are completed within 7-10 business days from receipt. When closing an account, up to 30 days may be required for the final amount to be calculated and distributed.				
Authorized Signature:				
Print Name:				
Position or Official Capacity:	I	Date Signed:		