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**AUTHORIZATION for WITHDRAWAL/DEPOSIT
FOR UMF COLLECTIVE INVESTMENT, LLC ACCOUNTS**

Date:				Account Number:			
<u>Account Name/Church Name</u> (if a transfer - note both To and From Account Numbers)				<u>Contact Information</u> Email: Phone:			
Deposit Amount:		Withdrawal Amount:		Closing? Yes		No	
From/Send To:							
Address:							
City:				State		Zip Code	
<p>This request must be signed by an Authorized Signature as recorded in our offices.</p> <p>All checks for deposit must be made payable to the UMF COLLECTIVE FUNDS OF MICHIGAN, LLC. No 3rd party checks will be accepted for deposit.</p> <p>Checks will only be made payable to the Church Name / Account Holder.</p> <p>Generally, transactions are completed within 7-10 business days from receipt.</p>							
Authorized Signature:							
Print Name:							
Position or Official Capacity:				Date Signed:			

May 28 2025