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AUTHORIZATION for WITHDRAWAL/DEPOSIT

Date:		Acct. Number:			
Acct. Name/Church		Contact info	Email:		
			Phone:		
Deposit Amount:		Withdrawal Amount:		Indicate if Closing:	
Name:					
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 Michigan Area Loan Fund. No 3rd party checks will be accepted for deposit.</p> <p>Checks will only be made payable to the Church / Account Holder.</p> <p>Generally, transactions are completed within 7-10 business days from receipt.</p> <p>When closing an account, up to 60 days may be required for the final amount to be calculated and distributed.</p>					
Authorized Signature:				Date Signed:	
Print Name:					
Position or Official Capacity:					