



Holston Conference of the United Methodist Church Foundation, Inc.

P.O. Box 900 • Alcoa, TN 37701-0900

foundation.holston.org

865-690-8124 Phone
865-690-3162 Fax

TRANSACTION DIRECTIVE

WITHDRAWALS

Account #: \_\_\_\_\_ Account Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Check - Mail to: \_\_\_\_\_
Name Address/City/State/Zip

Wire (attach instructions)

Account #: \_\_\_\_\_ Account Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Check - Mail to: \_\_\_\_\_
Name Address/City/State/Zip

Wire (attach instructions)

TRANSFERS

From Account #: \_\_\_\_\_ Amount: \_\_\_\_\_ To Account #: \_\_\_\_\_
Account Name: \_\_\_\_\_ Account Name: \_\_\_\_\_

From Account #: \_\_\_\_\_ Amount: \_\_\_\_\_ To Account #: \_\_\_\_\_
Account Name: \_\_\_\_\_ Account Name: \_\_\_\_\_

Withdrawal and Transfer requests must be submitted by the 30th of each month. Foundation transactions will be processed by the 15th of the following month. If no selection for processing is made, a check will be issued.

AUTHORIZATION

Authorized Signer's Name (print name): \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Authorized Signer's Name (print name): \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Return signed form via Fax, U.S. Mail, or email to brendamills@holston.org

FOUNDATION USE ONLY

Received By: \_\_\_\_\_ Date Completed: \_\_\_\_\_