

TRANSACTION
DIRECTIVE

Check this box for Foundation

Check this box for DevCo.

From account/ cert#: _____ Account name: _____

To account/cert #: _____ Account name: _____

FOUNDATION

One Time	Recurring:	Monthly	Quarterly	Annually	Liquidate ALL assets
	DEPOSIT	WITHDRAWAL		TRANSFER	PROCESS VIA:
Balanced Plus:	% \$ _____	% \$ _____		% \$ _____	Check # _____
Balanced:	% \$ _____	% \$ _____		% \$ _____	EFT* one time
Stock:	% \$ _____	% \$ _____		% \$ _____	EFT* on file
Bond:	% \$ _____	% \$ _____		% \$ _____	*Submit EFT form located at: vaumfoundation.org/forms/
Total:	% \$ _____	% \$ _____		% \$ _____	

Note: For deposits, checks must be made payable to "Virginia United Methodist Foundation". Foundation transaction requests must be submitted by the 1st, 10th, or 20th. Foundation transactions are completed on the 5th, 15th, and 25th of every month with exceptions for weekends and holidays, then transactions will be completed the next business day. If no selection for processing is made, a check will be issued.

DEVCO

One Time	Recurring:	Monthly	Quarterly	Annually	Liquidate ALL assets
CERTIFICATE #	DEPOSIT	WITHDRAWAL	TRANSFER	PROCESS VIA:	INTEREST PAYMENT CHANGE
_____	\$ _____	\$ _____	\$ _____	Check# _____	By check
_____	\$ _____	\$ _____	\$ _____	EFT* one time	By EFT*
_____	\$ _____	\$ _____	\$ _____	EFT* on file	Reinvest in cert # _____
Total:	\$ _____	\$ _____	\$ _____	*Submit EFT form located at: vaumdevco.org/forms/	

Note: For deposits, checks must be made payable to "Virginia United Methodist Development Co.". DevCo transaction requests must be submitted by Monday of every week. DevCo transactions are completed every Thursday with exceptions for holidays, then transactions will be completed the next business day.

AUTHORIZATION

(2 signatures required for all withdrawals)

WITHDRAWAL

DEPOSIT

1st Authorized signer's name:	_____	_____
Email address	_____	_____
Phone number:	_____	_____
Signature:	_____	_____
Date	_____	_____
2nd Authorized signer's name:	_____	Comments: _____
Email address:	_____	_____
Phone number:	_____	_____
Signature:	_____	_____
Date:	_____	_____

Foundation/DevCo use only

Date received:	_____	Received by:	_____
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