



Withdrawal Request Form

MINISTRY TRUST, LLC
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DULUTH, GA 30097-4092
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Withdrawal Request Form

Please withdraw funds from the account listed below and transfer these funds to the bank account currently on file for our organization.

Organization: _____

Street Address: _____

Address (cont.): _____

City: _____ Zip: _____ Phone: _____

Fund Name: _____ Account No: _____

Withdrawal Amount: _____

Account Authorized User Information

Please submit two signatures per withdrawal request.

Name¹: _____ Phone: _____

Title: _____ Email: _____

Signature: _____ Date: _____

Name²: _____ Phone: _____

Title: _____ Email: _____

Signature: _____ Date: _____