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ELECTRONIC FUNDS TRANSFER

New Update

Check this box for Foundation

Check this box for DevCo

Complete this form in its entirety, attach a voided check, and mail or email to the information above.

The form will not be considered completed without all fields filled out and without a voided check.

Your signature indicates you authorize Virginia United Methodist Foundation and/or Virginia United Methodist Development Co., LLC, to initiate withdrawal and/or deposit entries to the checking or savings account located at the institution named below and if necessary, a debit entry may be initiated for corrections only. (ALLOW 3 BUSINESS DAYS FOR EFT TRANSACTIONS.)

Individual or Organizational Name: _____

Individual or Organizational Email: _____ Individual or Organizational Phone: _____

BANK ACCOUNT INFORMATION

Name of bank account: _____

Bank name: _____ Bank phone: _____

Savings: Checking: Deposit only Withdrawals only Both deposits and withdrawal

PERSONS AUTHORIZED TO SIGN FOR THE BANK ACCOUNT

For authorization, TWO (2) signers for the account listed above must sign authorization below.

1st Authorized Signer

2nd Authorized Signer

Name and position: _____

Email address _____

Phone number: _____

Signature: _____

Date: _____

This form will apply to the accounts listed below:

All Foundation Investments:	Specific Foundation Investments:	# _____	# _____	# _____	# _____
All DevCo Investments:	Specific DevCo Investments:	# _____	# _____	# _____	# _____
All DevCo Loans:	Specific DevCo Loans:	# _____	# _____	# _____	# _____

ATTACH **VOIDED CHECK** HERE
(A deposit slip will NOT be accepted)

Foundation/DevCo use only	
Date received:	Received by: