



TRANSACTION DIRECTIVE

10330 Staples Mill Road
Glen Allen, VA 23058

www.VAUMFGifts.org

vafoundationumc@vaumc.org

804.521.1121 or 1-800-768-6040 ext. 121

From account #: _____ From account name: _____

To account #: _____ To account name: _____

TRANSACTION TYPE

One Time Recurring: Monthly Quarterly Annually Liquidate ALL assets

	DEPOSIT	WITHDRAWAL	TRANSFER	PROCESS VIA:
Check: # _____				Check EFT** one time EFT** on file <i>**Submit EFT form located at:</i> vaumfgifts.org/?pageID=1005
Balanced Fund: \$ _____	\$ _____	\$ _____	\$ _____	
Stock Fund: \$ _____	\$ _____	\$ _____	\$ _____	
Bond Fund: \$ _____	\$ _____	\$ _____	\$ _____	
Money Market Fund: \$ _____	\$ _____	\$ _____	\$ _____	
Total \$ _____	\$ _____	\$ _____	\$ _____	

Check mailed to: _____

Address: _____

City: _____ State: _____ Zip: _____

**AUTHORIZATION
WITHDRAWAL**

DEPOSIT

1st Authorized person's name: _____
 Email address: _____
 Phone number: _____
 Signature: _____
 Date: _____

2nd Authorized person's name: _____
 Email address: _____
 Phone number: _____
 Signature: _____
 Date: _____

Customer comments: _____

