



**Tennessee Baptist Foundation
Fund Withdrawal Request Form**

Name of Fund: _____

Church or Organization: _____

Amount of Withdrawal Requested: _____

Funds needed by what date? _____

Special instructions: _____

Distribution by: Check _____ ACH _____
Bank Name: _____
Routing Number: _____
Account Number: _____
(Attach copy of deposit slip)

Authorized Signatures (two required):

_____ Date: _____ Phone: _____

_____ Date: _____ Phone: _____

Send request by Fax, email or regular mail:

Fax – 615.371.2029

Email – tbft@tnbaptist.org

Mail to: Tennessee Baptist Foundation, PO Box 682789, Franklin, TN 37068

Note: As stated in your Fund Management Agreement it may take as much as thirty (30) days from the day your request arrives in the Foundation’s office to liquidate your funds and return them to you. Thank you for your continuing confidence in the Tennessee Baptist Foundation.