



Account Transaction / Change Request Form

For Office Use Only			
Date	Request taken by		
Phone <input type="checkbox"/>	Email <input type="checkbox"/>	Mail/Fax <input type="checkbox"/>	

Section I: Account Information		
Primary Applicant		Secondary Applicant (if Joint)
()	()	
Primary Contact Number	Secondary Contact Number	E-mail Address
Account Number	Requested Effected Date	Reason for Change Request

Section II: Transaction		
Transaction Request	<input type="checkbox"/> Deposit \$ _____ <input type="checkbox"/> by Check # _____ <input type="checkbox"/> By EFT	<input type="checkbox"/> Withdrawal \$ _____ <input type="checkbox"/> by Check <input type="checkbox"/> By EFT
Account Change Request	<input type="checkbox"/> Contact information/Address change <input type="checkbox"/> Beneficiary change (please fill out and attach the Beneficiary Designation Form)	
Certificate Renewal Change Request	<input type="checkbox"/> Upon Maturity, Renew Certificate # _____ for a term of _____ Months <input type="checkbox"/> Upon Maturity, DO NOT Redeem Certificate # _____	
Change Request Transaction	<input type="checkbox"/> Interest payment change (<i>Change how interest payments are remitted</i>) <input type="checkbox"/> ACH/EFT change (<i>Change how funds are disbursed or received</i>) EFT's are processed on THURSDAY'S	
Interest Payment Change	EFT Change	Contact Information/Address Change
Change my interest payments to: <input type="checkbox"/> Deposit to VAUMF Account # _____ <input type="checkbox"/> Deposit to DevCo Savings # _____ <input type="checkbox"/> Paid by check <input type="checkbox"/> Paid by electronic funds transfer (EFT) <input type="checkbox"/> Reinvested in Certificate # _____	Change the following EFT information: <input type="checkbox"/> Create a New EFT transfer <input type="checkbox"/> Existing EFT transfer ACH is the process in which funds are sent electronically directly to or from your bank through electronic funds transfer (EFT)	Change the following contact information: Contact Name : _____ ALT/Phone Number : _____ Address: _____ _____ Email: _____

**FILL THIS SECTION OUT ONLY IF YOU HAVE A NEW/CHANGE TO YOUR FINANCIAL INSTITUTION
ACH ACCOUNT INFORMATION FOR AN EFT TRANSFER**

Name on Bank Account			
Bank Name			
Account Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	
ABA/TRN #		Account #	

**PLEASE ATTACH A VOIDED CHECK
(A deposit slip will not be accepted)**

Section III: Signatures			
<small>Virginia United Methodist Development Company, LLC will not process your Transaction/Change Request unless the form is completed and signed below. Please refer to your Offering Circular for any questions regarding the Virginia United Methodist Development Company, LLC operational procedures. By signing below, you agree to the terms and conditions set forth on your original Investment Application.</small>			
Primary Applicant's Signature	Date	Joint Applicant or Additional Trustee's Signature (if necessary)	Date

**Please return this form to Virginia United Methodist Development Company.
If investing by check, please make the check payable to Virginia United Methodist Development Company, LLC.**