

HOME EQUITY LINE OF CREDIT (HELOC) DRAW REQUEST FORM

Borrower Name:		Co-Borrower Name:
Loan Number:		Member Number:
Draw Amount:		Date of Request:
Choose one of the follo	owing methods to remit	t your requested funds.
Deposit the fur	nds in my United Method Checking Savings	dist Credit Union account.
Send me a che	ck for the proceeds to th	ne address of record on my account.
		my account at another institution. We will need the lete you request (may take 1-2 business days):
	Name of bank or credit Routing Number: Account Number:	t union:
	est, you authorize The L remit the funds as instru	United Methodist Credit Union to draw funds from you ucted above.
 Borrower Signature		Co-Borrower Signature (if any)
Send the completed fo	rm to:	
Electronic Mai	: creditunion@tumcu.o	rg
Physical Mail:	The United Methodist PO Box 13860	Credit Union

You will receive a confirmation of the status of your draw after your request has been processed. Please call us at (866) 657-0004 should you have any questions.

Richmond, VA 23225

Secure Dropbox: https://www.tumcu.org/send-us-a-file/