

ROCKY MOUNTAIN CONFERENCE
UNITED METHODIST FOUNDATION, INC.
3333 S. Bannock St.
Suite 205
Englewood, CO 80110
303/778-6370{office}
303/777-6292{fax}

TRANSFER OF FUNDS REQUEST

Date: _____

From Account Name/Number: _____

To Account Name/Number: _____

One time transfer Amount: _____

OR

Transfer amount per period (month, quarter): _____

Number of transfers requested: _____

Church/Agency:

Address:

Email address to confirm receipt of this transfer: _____

Authorized Signatures:

Name, Position

Name, Position

Return completed form to the Foundation at the above listed address. Completed form may also be faxed to the Foundation office.