

ROCKY MOUNTAIN
UNITED METHODIST FOUNDATION, INC.
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Suite 205
Greenwood Vlg., Co 80111
Email: Accountmanager@RM-UMF.org
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.