

First United Methodist Church of Winter Garden Check Request Form/Funds Transfer

Date of Request _____ **Date Check Needed** _____

Payable To _____ **Total Amount** _____

Address _____ **Invoice Number** _____
(if applicable)
Invoice Date _____
(if applicable)

Request Funds Transfer from _____ (account name)

TO _____ (account name)

Description/Comments

Requested by _____ **Phone Number** _____

*****DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY *****

Distribution of Disbursement _____ Amount _____

Budget Account Name _____ Check Number _____

Donor Account Name _____ Issue Date _____

Issued by _____ Check Mailed _____