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 Toll Free (800) 768-6040 Ext 121
 Email: VaFoundationUMC@vaumc.org
 Website: www.vaumfgifts.org

FOUNDATION & FINANCE USE ONLY
Received date: _____
Transaction date: _____
Transaction/Check #: _____

TRANSACTION DIRECTIVE

From Account #: _____ From Account Name: _____
 To Account #: _____ To Account Name: _____

TRANSACTION TYPE

One Time
 Recurring:
 Monthly
 Quarterly
 Annually

	DEPOSIT	WITHDRAWAL	TRANSFER
Check:	# _____		
Balanced Fund:	\$ _____	\$ _____	\$ _____
Stock Fund:	\$ _____	\$ _____	\$ _____
Bond Fund:	\$ _____	\$ _____	\$ _____
Money Market Fund:	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

Check mailed to: _____
 Address: _____
 City: _____ State: _____ Zip: _____

AUTHORIZATION

	WITHDRAWAL	DEPOSIT
1 st Authorized person's name:	_____	_____
Email address	_____	_____
Phone number:	_____	_____
Signature:	_____	_____
Date	_____	_____
2 nd Authorized person's name:	_____	_____
Email address:	_____	_____
Phone number:	_____	_____
Signature:	_____	_____
Date:	_____	_____