



**SAINT MATTHEW'S  
UNITED METHODIST CHURCH**

435 Central Street  
Acton, MA 01720  
978-263-2822

# Payment or Transfer Authorization

CHECK HERE IF THIS IS A TRANSFER BETWEEN ACCOUNTS

Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Pay to the order of \_\_\_\_\_

MAIL TO: (Check box if info is attached or on file. Otherwise, complete the following!)

Address: \_\_\_\_\_

Street/Apt/Box #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: (    )-(    )-(    )

REASON FOR PAYMENT or TRANSFER & SPECIAL HANDLING of CHECK & ATTACHMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested by: \_\_\_\_\_ Approved by: \_\_\_\_\_

\*Charge to: \_\_\_\_\_ \*Credit to: \_\_\_\_\_

\*(Enter account name or budget number found on Chart of Accounts)