

**RESTORED LIFE MINISTRIES, INC.**  
**Servant Jermain Maynard, Pastor**  
**Escrow Account**  
**Deposit and Withdrawal Form**

NAME \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Amount Depositing into Escrow Account      \$ \_\_\_\_\_

Amount Withdrawing from the Escrow Account      \$ \_\_\_\_\_

Current Balance in the Escrow Account      \$ \_\_\_\_\_

\_\_\_\_\_

List Check to be Deposited: (If more space is needed. Please use the space provided on the back of this form).

Name	Check #	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Remarks \_\_\_\_\_ Check Total: \_\_\_\_\_

\_\_\_\_\_ Currency Total: \_\_\_\_\_

\_\_\_\_\_ Coin Total \_\_\_\_\_

NOTE: ALL REQUESTS MUST BE APPROVED BY THE NECESSARY MINISTRY, AS WELL AS THE EXECUTIVE COUNCIL, AND/OR CHURCH BUSINESS MEETING.

Request Description: \_\_\_\_\_

Make Check Payable To \_\_\_\_\_

Received By \_\_\_\_\_

Witness By \_\_\_\_\_

