

For Trustees use only: Church _____ Account _____

Approved _____

Debit Account # _____

TRUSTEES FOR THE DIOCESE OF WESTERN MASSACHUSETTS

WITHDRAWAL FORM

Church

- _____
Town

At a meeting of the Rector, Wardens and Vestry of _____,

_____, Massachusetts, duly called and held on

_____, and at which a quorum was present and acting

throughout for all the transaction of all business, upon motion duly made and

seconded, it was

VOTED: To request from the Trustees a withdrawal of

\$_____ from the

Fund
(Name of Fund)

on deposit with the Trustees for the Diocese of Western Massachusetts.

Date: _____ Attest: _____

(Clerk)

Please disburse by (please select one and complete information):

_____ **Check**

_____ **Electronic funds transfer ***

Mail to attention of: _____

Name of Bank _____

Routing or ABA number _____

Account number _____

Account name _____

*** Please be aware that your bank may charge
an incoming wire fee.**

Please submit to:

**Mick Kalber, Executive Director, Trustees, 37 Chestnut Street, Springfield, MA 01103
or fax to (413) 315-4168 and mail original document.**