

For Trustees use only: Church _____ 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 submit to:

**Mick Kalber, Executive Director, Trustees, 37 Chestnut Street, Springfield, MA 01103
or fax to (413) 746-9873 and mail original document.**