

**EPISCOPAL DIOCESE OF NORTH CAROLINA
COMMON TRUST FUND REQUEST FORM**

Date of Request: _____

Purpose of this form:

- | | |
|--|-----------|
| <input type="checkbox"/> Open New Account | Complete: |
| <input type="checkbox"/> Addition to Existing Account | (A), (B) |
| <input type="checkbox"/> Withdrawal from Existing Account | (B) |
| <input type="checkbox"/> Change Existing Account Information | (C) (E) |
| | (D) |

Name of Congregation or Diocesan Institution _____

Address: _____

Account Name _____ Acct #: _____ Fund #: _____

(A) Income: Reinvest Remit:

Remittance info, if different than above:

Payable to: Name _____

Address _____

(B) Deposit of: \$ _____

Description of deposit: _____

(C) Amount Redeemed \$ _____ Date Needed _____

Check payable to: Name _____

Address _____

(D) Account Maintenance: _____

(E) **Attach copy of Vestry Resolution Authorizing Withdrawal. Request and Resolution should be sent to:**

Maria Gillespie
Director of Finance and Administration
Episcopal Diocese of North Carolina
200 West Morgan Street, Ste 300
Raleigh, NC 27601

Email all documents to Maria.Gillespie@Episdionc.org

Authorized Signature: _____