

**THE DOMESTIC AND FOREIGN MISSIONARY SOCIETY  
LONG-TERM PORTFOLIO ACCOUNT DATA SHEET**

Account Name:

Income Class:

Trust Fund Number(s):

Income to be:            Reinvested            Remitted

If remitted, by:        Check                Wire/ACH (electronic funds transfer)

Mailing address for quarterly statement (and check, if applicable):


Bank information for wire transfers:

Bank Name:

Bank Address:


Account Name:

Account Number:

ABA # (if available):

Persons authorized to withdraw funds (if applicable):

Signature	Name	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Corporate Resolution enclosed

\_\_\_\_\_ Signature of Bishop or Chief Officer

\_\_\_\_\_ Print Name of Bishop or Chief Officer

**Quarterly Statement to be:**            Mailed    Faxed    E-mailed

Name of recipient to receive quarterly statement: \_\_\_\_\_

Fax number of recipient: \_\_\_\_\_

E-mail address of recipient: \_\_\_\_\_

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