THE DOMESTIC AND FOREIGN MISSIONARY SOCIETY CUSTODIAL TRUST FUND WITHDRAWAL REQUEST

ithdrawal request amount:	\$ From T	rust Fund Number:	
rust Fund Name:			
IA			
	Effective deter		
Check:	Effective date:	-	
	Mailing address if different from add	dress on file:	
(I_j)	f mailing address is same as records, go dir	rectly to signature.)	
PR			
Wine/A CII (electro	wie fernde trougfer)		
Wire/ACH (electro	onic funds transfer)	ODIA EION	
Bank Name:	BANKING INF		
Bank Address:			
Account Name:			
Account Number:			
ABA # or SWIFT Co	ode		
-41			
athorized person(s): SIGNATURE	NAME (Print or Type)	TITLE	DATE
STOTHITOTES	1/11/12 (11/11/01 1/60)	11122	2.112
Telephone:	E-mail:		
Withdrawal Resolution	or portion of Committee Minutes (if a	any) attached.	
CENT	DEOLEGETO, MARCARETH CROSS	en ne Dei i Aigene.	
	D REQUEST TO: MARGARETH CROSNIE L: margarethcdeb@dfms.org OR, F.	AX TO: 212-867-0395	
L-WAII	. margaretredeo e drins.org	AA 10. 212-007-00/3	

TF Withdrawal request form 2019.doc