

**The Connecticut Conference of the United Church of Christ
Consolidated Trust Fund
Transaction Request**

Church Name: _____ **Date:** _____

Action: Deposit Withdrawal Change in monthly distribution

Account Name: _____ Account Number: M _____ (5 digits)
(Account numbers are listed on monthly reports.)

Amount of Deposit: \$ _____

Enclose check made at to "Missionary Society of Connecticut" or "MSC". Checks must be received three business days before the last business day of the month for processing in that month. Exceptions may be made at the discretion of MSC.

Amount of Withdrawal: \$ _____

Distribution: Check Wire Transfer Transfer to Bank of America account

Checks will be made out to and mailed to the church. Send check to the attention of:

Wire or bank transfer instructions:

Name on account (usually church name): _____

Checking/Savings Account Name: _____

Bank name: _____ ABA routing number: _____
(Not needed for Bank of America transfer)

Checking/Savings Account Number: _____

Change in monthly distribution:

New monthly amount: \$ _____ Future Effective date: _____

Please retain a copy for your records.

Name of authorized person: _____

Telephone: _____ **E-mail address:** _____

For Office Use Only:

Date Received: _____ Control # _____ MSC Authorization: _____

Please return form to CTF, 125 Sherman St., Hartford, CT 06105, Attention Charlie Kuchenbrod, or e-mail to charliek@ctucc.org, or fax to 860.231.8111