

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

**Church Name:** \_\_\_\_\_

**Account Name:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Account numbers are listed on monthly reports.)

**Action:**  Deposit     Withdrawal/Transfer     Change in monthly distribution  
(One action per request. Please fill out appropriate section below.)

**Amount of Deposit:** \$ \_\_\_\_\_

Enclose check made at to "Consolidated Trust Funds" or "CTF". 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 CTF.

**Amount of Withdrawal:** \$ \_\_\_\_\_

Distribution:  Check    Send to the attention of: \_\_\_\_\_

Electronic Fund Transfer (EFT)  Transfer to CIF account: \_\_\_\_\_

Checks will be made out to and mailed to the church. EFTs will be made according to the instructions on file.

**Change in monthly distribution:**

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

**Name of authorized person:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Return Form To:**

Regular Mail  
Consolidated Trust Funds  
P.O. Box 588  
Portland, ME 04112

Overnight Delivery:  
Consolidated Trust Funds  
Attn: Transfer Agent, Atlantic Fund Services  
3 Canal Plaza, Ground Floor  
Portland, ME 04101

Fax Number: 207.347.2195

Toll-Free Number: 844.209.4631