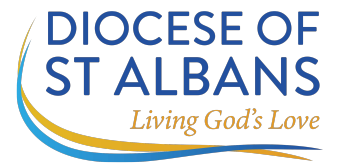


St Albans Diocesan Board of Finance Custodian Trust Withdrawal Request



Parish / School:

Name of Trust: Trustees:

Diocesan Trust No: Date:

CBF Investment Name: CBF Account No: **132001**
(if held with CCLA)

or Other Fund Name: Other Account No:

Amount Requested:

Purpose of Withdrawal:
(this needs to fall within the Trust wording)

- Signed copy of PCC / Governors / Vicar & Churchwardens minute approving request attached
- Copy invoices, receipts, estimates or payment schedule attached

Payment to: CCLA account - details:

or BACS to PCC/School Bank account:

Sort Code: - -

Bank Account No:

Bank Account Name:

- We confirm: Account details are held by the Diocesan Board of Finance
- or Confirmation of bank account attached
Cancelled cheque, paying in slip or copy of bank statement

Correspondent Name:

Address:

Email: Tel:

We confirm this is in accordance with the trust objectives

2 signatories. PCC: Treasurer, Churchwarden, Incumbent; School: Chair of Governors, Headteacher, Governor; Vicar & Churchwardens: Vicar, 1 Churchwarden

1st Signatory Name *2nd Signatory Name*

This form on completion should be sent to
Email: finance@stalbands.anglican.org
Post: The Finance Department
 St Albans Diocesan Board of Finance
 Holywell Lodge, 41 Holywell Hill, St Albans, AL1 1HE

For St Albans DBF	Initials	Date
Approved for payment	<input type="text"/>	<input type="text"/>
Fund withdrawal requested	<input type="text"/>	<input type="text"/>
Payment made to PCC/School	<input type="text"/>	<input type="text"/>
Trust holder advised	<input type="text"/>	<input type="text"/>