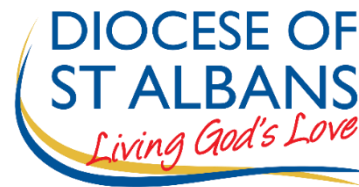


St Albans Diocesan Board of Finance

Custodian Trust Withdrawal Request



Parish/School:

Name of Trust: Date:

Diocesan Reference: CBF Reference (if applicable/available)

Type of Fund (Please delete as appropriate) **Deposit, Investment, Fixed Interest, Property, UK Equity, Global Equity**

Other (Please state)

Amount requested: £

Purpose of withdrawal:

Signed copy of PCC/Governors minute approving request attached

Payment to: CCLA account - details

or BACS to PCC/School Bank account

Bank Account Details: Sort Code:

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)

We confirm this is in accordance with the trust objectives

(Two signatories required. For PCC: Treasurer, Churchwardens, Incumbent For School: Chair of Governors, Headteacher, Governor)

Print Name

Print Name

Correspondent Name:

Address:

Email: Telephone:

This form on completion should be sent to:

The Trust Officer
 St Albans Diocesan Board of Finance
 Holywell Lodge
 41 Holywell Hill St Albans
 AL1 1HE

For St Albans DBF	Date
Approved for payment
Fund withdrawal requested
PCC/School advised