

MASTER FUND A REQUEST FORM

Purpose of this form: _____ Date of Request _____
Section to Complete: _____
 Opening New Account (A), (B)
 Addition to Existing Account (B)
 Withdrawal from Existing Account (C)
 Change Existing Account Information (D)
 Purchase Units with Excess Cash (E)

Name of Congregation or Diocesan Institution _____

Address _____

Address2 _____

City _____ State _____ Zip _____

Account Name _____ Acct #: _____

(A) Income: Reinvest Accumulate Remit
If Remit, what is requested frequency? Monthly Quarterly Annually
Payee: _____
 Check Direct Deposit (If Dir. Dep. , attach voided check)

(B) Deposit of: \$ _____ should be allocated to:
 Purchase Units of MFA Cash Equivalents

Description of deposit: _____

(C) Amount Redeemed \$ _____ or Units Redeemed _____
Date Needed _____

Payable to: Name _____

Address _____

City _____ State _____ Zip _____

OR Direct Deposit to Bank Account on Record

(D) Account Maintenance: _____

(E) Use \$ _____ Cash to purchase applicable number of MFA Units

(F) Attach copy of Vestry Resolution Authorizing Withdrawal. Request and Resolution should be sent to: Ms. Cynthia H Davis
Cynthia.h.davis@truist.com

Copy of Request and Resolution should be sent to Judith Gregory at the Mission Support Office at jgregory@delaware.church.