THE DOMESTIC AND FOREIGN MISSIONARY SOCIETY

SI	HORT-TERM CUS	STODIAL ACCOUNT DATA SHEET	
Account Name: Interest to be: Reinvested			
Mailing address for qu	uarterly interest payr	ments, if applicable:	
Bank information for	wire transfers:		
Bank Name:			
Bank Address:			
Account Name:			
Account Number:			
ABA # (if available): SWIFT code:			
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Persons authorized to withdraw funds:

Signature	Name	Title
Corporate Resolution enclosed		
Signature of Bishop or Chief Offic	er	
Name of Bishop or Chief Officer		
E-mail of Bishop or Chief Officer		
Telephone # of Bishop or Chief Of	ficer	
Quarterly statement notifications	s to be sent via e-mail to:	
Name(s) and e-mail address(es) of	recipient(s) for quarterly statements	: (Attach additional sheets if
necessary)		

Date: _____