



CCMBC LEGACY FUND

DEPOSIT ACCOUNT ADMINISTRATIVE FORM

1310 Taylor Ave.
Winnipeg, Manitoba R3M 3Z6
www.ccmblegacyfund.com

Telephone 204.669.6575
Toll Free 888.669.6575
Fax 204.654.1865
legacy@mbchurches.ca

Deposit Account Number

Name(s) of Account Holder(s)

Please check and complete the applicable section(s)

DEPOSIT INFORMATION:

Attached is my cheque in the amount of \$ _____.
NOTE: Cheque should be made payable to CCMBC Legacy Fund Inc.

WITHDRAWAL REQUEST:

Please withdraw the following: all proceeds
 \$ _____

Please send via: cheque by mail to the address given below
 electronic transfer to my bank account. A void cheque is attached.

FUNDS TRANSFER:

Please transfer \$ _____ from this Deposit Account to our: Deposit Account # _____
Loan # _____

CHANGE OF SIGING AUTHORITY: (SUPPORTING DOCUMENTS ATTACHED)

CHANGE OF ADDRESS:

(Old Address)

(New Address)

AUTHORIZATION:

(Date)

(Phone Number)

(Signature of Account Holder(s))