**EPISCOPAL DIOCESE OF BETHLEHEM** *(Distributions to be taken from investment acct ending in 0905)*  
Diocesan Investment Trust Distribution Form (for existing accounts)

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| --- | --- |
| Date of Request: | Click or tap here to enter text. |
| Parish / Organization Name: | Click or tap here to enter text. |
| Parish / Organization City: | Click or tap here to enter text. |
| Trust Name and I.D. #: | Click or tap here to enter text. |

**Type of Distribution:**(check applicable type)

|  |  |  |
| --- | --- | --- |
| One-time distribution | Amount to distribute: | $Click or tap here to enter text. |
| Close-out trust |  |  |
| Change to quarterly distribution: |  |  |
| Re-invest quarterly earnings |  |  |
| Distribute quarterly earnings |  |  |
| Distribute a fixed amount quarterly | Amount to distribute: | $Click or tap here to enter text. |

**Method of Distribution:**

|  |  |  |
| --- | --- | --- |
| Electronic Funds Transfer (EFT) | Last four digits of EFT acct: | Click or tap here to enter text. |
| Check | Address: | Click or tap here to enter text. |

|  |  |
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| Requested date of distribution: | Click or tap here to enter text. |

* One-time distributions will be processed within 5 business days of receipt in Diocesan Office.
* Close-out distributions will be processed following month-end settlement.
* EFT distributions will be to account on file with DIT. Checks are payable to the parish.

**Authorization:**

Vestry has approved this distribution: Yes  No

**Two of three signatures required:**

|  |  |
| --- | --- |
| Rector: | Click or tap here to enter text. Signature: Date: |
| Treasurer: | Click or tap here to enter text. Signature: Date: |
| Sr. Warden: | Click or tap here to enter text. Signature: Date: |

|  |  |  |
| --- | --- | --- |
| **SUBMIT FORM TO:** | **Paula Lapinski, Accounting Office** | [**paula@diobeth.org**](mailto:paula@diobeth.org) |

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| Diocesan review: | Signature: Date: |

**Episcopal Diocese of Bethlehem ~ 333 Wyandotte Street ~ Bethlehem PA 18015**