



**CANADIAN CONFERENCE**  
of Mennonite Brethren Churches

Stewardship Ministries

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Fax. 204.654.1865  
info@mbconf.ca

**DEPOSIT ACCOUNT ADMINISTRATIVE FORM**

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 the Canadian Conference of MB Churches.**

**WITHDRAWAL REQUEST: CHECK ONE OF THE FOLLOWING:**

Please withdraw  all the proceeds, or  \$\_\_\_\_\_ from my account and mail the cheque to me at the address given below.

Please withdraw  all the proceeds, or  \$\_\_\_\_\_ from my account and forward the amount by electronic transfer to my bank account. A void cheque is attached.

**CHANGE OF ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
(Old Address)

\_\_\_\_\_  
\_\_\_\_\_  
(New Address)

**CHANGE OF NAME:**

\_\_\_\_\_  
(Former Name)

\_\_\_\_\_  
(New Name)

**SPECIAL INTEREST INSTRUCTIONS:**

Always make a donation to the following Canadian Mennonite Brethren ministry for the amount of my interest earned:

\_\_\_\_\_  
(A T5 slip and charitable receipt will be issued.)

**or**  I choose to waive all interest on this account but ask the Canadian Conference of MB Churches to make a donation to the following Canadian Mennonite Brethren ministry for the amount of interest I would have earned:

\_\_\_\_\_  
(No T5 slip or charitable receipt will be issued.)

**AUTHORIZATION:**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature(s) of Account Holder(s))

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
\_\_\_\_\_  
(Address)