

INFORMATION REQUIRED TO UPDATE TMCP DATABASE

PLEASE COMPLETE IN BLOCK CAPITALS - USING BLACK INK

CIRCUIT NAME:

No:

CHURCH:

.....

TRUST NUMBERS:

.....

.....

.....

.....

(1) **BANK or CENTRAL FINANCE BOARD DEPOSIT ACCOUNT DETAILS:-**
(Please show a preference of which account to use)

Name of Bank

.....

Address:

.....

.....

..... **Post code:**

Bank A/c No.

.....

Bank Sort code:

.....

Name of A/c

.....

CFB Deposit Account Number:

.....

(2) **DETAILS OF TREASURER / ADMINISTRATOR**

Name:

Mr/Mrs/Miss/Ms

.....

Address:

.....

.....

Post code:

.....

Signature:

.....

Telephone No.

.....

Fax No:

.....

E-mail Address:

.....

PLEASE TURN OVER

(3) DETAILS OF CORRESPONDENT

Complete this section only if it is different to the details entered in (2)

Name: **Rev/Mr/Mrs/Miss/Ms**

Position:

Address:

.....

..... **Post Code:**

Telephone No:

Fax No:

E-mail Address:

NOTE

PLEASE ENSURE YOU NOTIFY US IMMEDIATELY OF CHANGES TO THE ABOVE INFORMATION.

RETURN THE COMPLETED FORM TO:-

**THE TRUSTEES FOR METHODIST CHURCH PURPOSES
FINANCE SECTION
CENTRAL BUILDINGS
OLDHAM STREET
MANCHESTER
M1 1JQ**

Please note this form must only be signed by the Minister of the Church or the Superintendent Minister of the Circuit.

Please print your Name and Position below and then sign and date the form:

Name: **Position:**

Signature:..... **Date:**