Please use this form to update contact information, request emailed statements and online statement access, and/or request an ACH deposit to a specified bank account instead of receiving a paper check (please include a copy of a canceled check for your bank account). If applicable, please email the completed form (and a copy of the check) to lreinhardt@diopa.org or mail it to The Church Foundation, 23 East Airy Street, Norristown, PA 19401.

Action Requested (check all that apply):

Receive Email Statements/ Online Access to Statements	Update Information	Receive Payout by ACH/ New Banking Information
Church/Organization Name:		
Church/Organization Address:		
Requested by: (Name/Office/Title):		
Signature & Date:		
Phone Number:		
Email Address to be used for statements (Please Note: We suggest not using a personal en		
Additional Emails for Statements only:		

Online access to statements uses one email address as the User Name (The Church Foundation will provide a password once access is approved). Additional emails can receive quarterly statements, but we highly recommend limiting the number of addresses for security purposes. (Continued on page 2.)

Bank Information (Please be sure to include a canceled check with any updated bank inf	ormation)
Bank Name:	
Bank ABA:	
Name on Account:	
Bank Account Number:	

Additional Instructions:

