



TRUSTEES OF DONATIONS
DIOCESAN INVESTMENT TRUST

Automated Clearing House (ACH) Transfer Form

Church or Organization Name _____

DIT Account Numbers (if available) _____

Mailing Address _____

Name of DIT Contact _____

Telephone Number _____

Authorized Signature _____

Please establish ACH for:

Bank Name _____

Bank Address _____

Account Name _____

ABA/Routing Number _____

Account Number _____

Account Type (checking/savings) _____

Please attach a voided copy of a check for your bank account.

Please return by mail to:

Bill Boyce
Trustees of Donations
138 Tremont Street
Boston, MA 02111