



FINANCIAL ASSISTANCE AUTHORIZATION FORM

I – DEPARTMENT BEING CHARGED – Ministerial

Fellowship Assistance Fund– Account #8314 Authorized Amount \$ _____

Pastor: _____
Last Name, First Name Middle Initial

Pastor's Signature: _____ **Date:** _____

Head Elder: _____
Last Name, First Name Middle Initial

Head Elder's Signature: _____ **Date:** _____

II – DEPARTMENT BEING CHARGED – Community Services

Community Services Department – Account #8231 Authorized Amount \$ _____

Dept. Head: _____
Last Name, First Name Middle Initial

Dept. Head Signature: _____ **Date:** _____

Department Team Cosigning:

_____ Print Name Signature

_____ Print Name Signature

II – BENEFICIARY

Reason for Benefit: _____

Beneficiary's Name: _____
Last Name, First Name Middle Initial

Address: _____
Street

_____ City State Zip Code

Phone: _____ (home / cell) **Monetary Format:** Check Cash

(see next page)



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INSTRUCTIONS:

1. This form is used to provide financial assistance to an individual whom the church leadership deems is in financial distress.
2. This form is to be completed by the department head whose department will be releasing those funds, and must be signed by the department's team as specified.
3. Per CVAC policy there is a max benefit of \$500 per fiscal year that can be released to an individual by the department without Board approval.
4. There are two accounts that are designated for financial assistance, depending on the type of need: Fellowship p Assistance Fund and Community Services
5. Completed and Signed forms may be placed in the treasurer's folder by the copier, or scanned and emailed to treasurer@ConnecticutAdventist.org.

For Treasury Use Only

Date Received: _____ Date Processed: _____

Source Acct #: _____ Destination Acct # _____ Amount: \$ _____

Treasurer: _____