

AUDITOR APPOINTMENT FORM

PLEASE COMPLETE AND RETURN BY MARCH 31st

To: The Episcopal Diocese of Western Massachusetts
Attn.: Melanie Stone
37 Chestnut Street
Springfield, MA 01103-1787 or

email to: mstone@diocesewma.org

Name of Congregation: _____

City/Town: _____

(Choose one of the following three options)

The members of our Three-Person Audit Committee are:

The following Certified Public Accountant will perform the Audit.

Name of CPA _____

Address: _____

We have engaged currently not an option **to perform the audit.**

Check Here: _____

If the Auditor or Audit Committee members hold any elected offices in the parish or mission, please state the office(s) they hold: _____

Are the Auditor or Audit Committee members in any way related to the Treasurer or other persons who maintain the financial record of the parish? _____

A Certificate of Audit will be forwarded to Diocesan House by July 1.

 Yes **No** (If "No" please give an explanation and state the date by which the Certificate of Audit will be received): _____

The above information is provided by: (Priest, Sr. Warden, or Finance Chair)

Signed: _____ Name: _____

Title: _____ Date: _____