



## WITHDRAWAL REQUEST

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Parish Name

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City

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Parish Number

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Date

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Amount

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Description

*(must match parish case statement)*

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Pastor Name

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Pastor Signature

**Please submit this request to Michael Taute in the Finance Office:**

6225 Highway 290 East, Austin, TX 78723

[michael-taute@austindioocese.org](mailto:michael-taute@austindioocese.org)

Fax: (512) 842-9374

*If you have questions, please call (512) 949-2419*

**For diocesan office use only:**

Deposit #	Amount Available

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Stewardship and Development Office

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Date

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Finance Office

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Date