



CATHOLIC DEVELOPMENT FOUNDATION
WITHDRAWAL REQUEST

(Requests honored same day as received.)

Date: _____ **Date Needed By:** _____ **or ASAP**

Name of Entity (Parish/Institution) _____

\$ _____
Amount

Mail To:

Account Name: _____

Account # _____

Signature of Pastor/Lay Director/Authorized Individual
(Two signatures required)

Signature of Pastor/Lay Director/Authorized Individual

MAIL / FAX / EMAIL REQUEST TO:

**Catholic Development Foundation
c/o Diocese of Fargo Finance Office
5201 Bishop's Blvd. S, Suite A
Fargo, ND 58104-7605**

**Finance Phone: 701-356-7930
Finance Fax #: 701-356-7998**

Scan and Email: Finance@fargodiocese.org