



*"Bear one another's burdens, and so you will fulfill the law of Christ" Gal 6:2
Parishes Helping Parishes through the Grace of the Holy Spirit*

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 # _____

Reason for Withdrawal: _____

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

Signature of Pastor/Lay Director/Authorized Individual

Mail/Fax/email request to:

**Catholic Church Deposit & Loan Fund
Of Eastern North Dakota
5201 Bishops Boulevard, Suite A
Fargo, ND 58104-7605
Phone: 701-356-7930
FAX #: 701-356-7998
Scan and Email (send to both):**

scott.hoselton@fargodiocese.org and lori.lefor@fargodiocese.org