



*"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

****Please select one of the below payment options and provide needed info for selected option****

Check _____ <i>Mail to address below:</i> _____ _____ _____ _____	ACH _____ <i>Enter bank info below:</i> Bank Name: _____ Bank Routing #: _____ Bank Account #: _____ _____
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Account Name: _____ **Deposit Account #** _____
(5 digits – will not process without correct acct #)

Reason for Withdrawal: _____

Signature of Pastor/Lay Director/Authorized Individual

Signature of Pastor/Lay Director/Authorized Individual

(Two signatures required to process request)

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
Email: (scan and send to this address only) Finance@fargodiocese.org**