



*"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\*\*\**

<b>Check</b> _____ <i>Mail to address below:</i>	<b>ACH</b> _____ <i>Enter bank info below:</i>
	Bank Name: _____
	Bank Routing #: _____
	Bank Account #: _____

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](mailto:Finance@fargodiocese.org)**