Catholic Development Foundation

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 ☐ *Mail to address below:*	**ACH** ☐ *Enter bank info below:*
_____	Bank Name: _____
_____	Bank Routing #: _____
_____	Bank Account #: _____

Account Name: _____ **Account #** _____

(7 digits – will not process without correct acct #)

_____ _____

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 Development Foundation
C/O Diocese of Fargo Finance Office
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**