



*"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: _____
(Not necessary for individuals)

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

Signature of Pastor/Lay Director/Authorized Individual

Mail or Fax 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**