



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

<p><b>Mail or Fax request to:</b></p>	<p><b>Catholic Church Deposit &amp; Loan Fund of Eastern North Dakota 5201 Bishops Boulevard, Suite A Fargo, ND 58104-7605 Phone: 701-356-7930 FAX #: 701-356-7998</b></p>
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