

# Diocesan Deposit and Loan Program

---

## Request for Withdrawal

Account Number \_\_\_\_\_ Account Name \_\_\_\_\_

Amount \_\_\_\_\_

ACH request Last four digits of the account number receiving funds \_\_\_\_\_

Check request

Please make check payable to: \_\_\_\_\_

\_\_\_\_\_  
*(Address, City, State, Zipcode)*

Reason for request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

---

### FOR INTERNAL USE ONLY

Project: \_\_\_\_\_

Date of approval letter: \_\_\_\_\_ Total approved: \_\_\_\_\_

Authorization for check: \_\_\_\_\_

Authorization for ACH transfer: \_\_\_\_\_