



# **CATHOLIC DEVELOPMENT FOUNDATION**

## **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 # \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Pastor/Lay Director/Authorized Individual

### **MAIL / FAX / EMAIL REQUEST TO:**

**Catholic Development Foundation  
c/o Diocese of Fargo Finance Office  
5201 Bishop's Blvd. S, Suite A  
Fargo, ND 58104-7605**

**Finance Phone: 701-356-7930  
Finance Fax #: 701-356-7998**

**Scan and Email (send to both):**

**[scott.hoselton@fargodiocese.org](mailto:scott.hoselton@fargodiocese.org) and [mary.johnson@fargodiocese.org](mailto:mary.johnson@fargodiocese.org)**