

FINANCIAL OPERATIONS — ARCHDIOCESAN BANK

ENDOWMENT WITHDRAWAL AUTHORIZATION FORM

PARISH/SCHOOL INFORMATION

Parish/School Name: _____

Parish/School Address: _____

City: _____	State: _____	ZIP: _____
Daytime Phone (primary): _____	(alternate): _____	

WITHDRAWAL INFORMATION

Parish/School Account Number: _____

Account Type: Parish Education Endowment Fund **(PEEF)** Balanced Fund
 Parish Endowment Fund **(PEF)** Growth Fund
 Fixed Fund

Withdrawal Amount: _____	Requested Withdrawal Date: _____
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Withdrawal Method: Check
 Wire Transfer (Please complete attached wire request)
 Internal Account Transfer Transfer to Account Number: _____
Internal Account Transfer Number

Endowment Charter on File? Yes No

Withdrawal Type/Purpose:

I. Within Spending Rule Archdiocesan Billing Scholarship Capital Project
 Other:

II. Outside of Spending Rule* Other:

*Requires Vicar and Finance Council Approval

Pastor/Principal Signature** _____	Date _____
Vicar Approval _____	Date _____

**Please note: Facsimile signatures will not be accepted.

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ENDOWMENT WITHDRAWAL WIRE TRANSFER INFORMATION FORM

RECEIVING BANK AND RECIPIENT (BENEFICIARY) INFORMATION

Bank Name:		Phone:
Bank Address:		
Bank Routing Number:		
Credit to Account Number:		
Parish/School Name:		
Parish/School Address:		
City:	State:	ZIP:

FOR BANK USE ONLY		
Verified by:	Date / Time:	Verified with (Pastor/Principal Name):