



**FINANCIAL OPERATIONS – ARCHDIOCESAN BANK**

**TO TEACH WHO CHRIST IS ACCOUNT WITHDRAWAL REQUEST**

**Please note:**

If the purpose of this withdrawal is for capital improvement in excess of \$40,000, a Capital Project Initiation form must be completed.

**PARISH/SCHOOL INFORMATION:**

Parish/School Name:		
Parish/School Address:		
City:	State:	ZIP:
Daytime Phone (primary):	(alternate):	

**WITHDRAWAL INFORMATION:**

Parish/School Account Number:	
Withdrawal Amount:	Requested Withdrawal Date:
Withdrawal Method:	<input type="checkbox"/> Check <input type="checkbox"/> Wire Transfer (Please complete attached wire request) <input type="checkbox"/> Internal Account Transfer Transfer to Account Number: _____ <span style="float: right;">Internal Account Transfer Number</span>
Case Statement on File?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Withdrawal Purpose:	

\_\_\_\_\_  
 Pastor/Principal Signature\* Date

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

**Sign and submit via fax or email to the following:**  
**Financial Operations – Archdiocesan Bank**  
 Fax: **312.534.5272** | Email: **archbank@archchicago.org**





**FINANCIAL OPERATIONS — ARCHDIOCESAN BANK**  
**ACCOUNT WITHDRAWAL REQUEST**  
**WIRE TRANSFER INFORMATION FORM**

**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):
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