



**FINANCIAL OPERATIONS — ARCHDIOCESAN BANK**

# TRANSFER REQUEST AUTHORIZATION FORM

Transfer funds between accounts within Archdiocesan Bank

**PARISH/SCHOOL INFORMATION**

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

**TRANSFER ACCOUNT INFORMATION**

Transfer Amount:	Requested Transfer Date:
Transfer From Account:	Transfer To Account:
Transfer Purpose* (Optional):	

\*Please note: In certain instances, the Archdiocesan Bank may contact the signer of this document to verify this request.

Pastor/Principal Signature*	Date
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\*\*Please note: Facsimile signatures will not be accepted.

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

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