



**DIOCESE OF OGDENSBURG**

*Diocesan Fiscal Office*

604 WASHINGTON STREET • P.O. BOX 369 • OGDENSBURG, NEW YORK 13669  
 TELEPHONE: 315-393-2920 • FAX: 1-866-314-7296

**DEPOSIT & LOAN FUND**

- Deposit  Withdrawal

Purpose of Withdrawal: \_\_\_\_\_

DEPOSITOR'S NAME:

DEPOSITOR'S ADDRESS:

AMOUNT: \$ \_\_\_\_\_

- Please deposit the enclosed check as indicated below:  
 Please process the following withdrawal:

ACCOUNT #	ACCOUNT NAME	AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$

Upon receipt of your deposit or upon completion of your withdrawal, a statement will be sent to you for your records.

SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

If you want another account opened, do not use this form. Please submit the deposit with a letter requesting a new account. In the letter, indicate the account name wanted and the purpose of the account. The deposit will be made to the new account and a new deposit form which will include your new account will be sent to you for future deposits.

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
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