

**ARCHDIOCESE OF OMAHA  
DEBT FINANCING**

**EXHIBIT 4**

**DEPOSIT AND LOAN FUND  
WITHDRAWAL REQUEST FORM**

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Parish / School: \_\_\_\_\_

ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Date Required: \_\_\_\_\_

Pastor/Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Required Parish/School Bank Information for Withdrawal Disbursement  
(via Electronic Funds Transfer)**

Bank Name: \_\_\_\_\_ Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Savings or Checking (circle one)

