

DIAL Withdrawal Ticket



**Catholic Diocese of Rockford
Investment and Loan Office**

555 Colman Center Drive

P.O. Box 7044

Rockford, IL 61125

Phone: (815) 399-4300 Fax: (815) 399-5591

Parish/

Organization Name _____

City _____ Date _____

Total Withdrawal _____

Account Number	Amount	Reason for this expenditure
- -		_____
- -		_____
- -		_____

Funds needed by: Date _____

Authorized Signature