

**FINANCIAL OPERATIONS — ARCHDIOCESAN BANK**  
**ENDOWMENT WITHDRAWAL**  
**AUTHORIZATION FORM**

**PARISH/SCHOOL INFORMATION**

Parish/School Name: Holy Trinity Polish Mission

Parish/School Address: 1118 N Noble St

City: Chicago	State: IL	ZIP: 60642
Daytime Phone (primary): 773.489.4140		(alternate): 847.777.9093

**WITHDRAWAL INFORMATION**

Parish/School Account Number: 701810212

Account Type:  Parish Education Endowment Fund (PEEF)  Balanced Fund  
 Parish Endowment Fund (PEF)  Growth Fund  
 Fixed Fund

Withdrawal Amount: \$25,000.00	Requested Withdrawal Date: 07/28/2023
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Withdrawal Method:  Check  
 Wire Transfer (Please complete attached wire request)  
 Internal Account Transfer Transfer to Account Number: \_\_\_\_\_  
Internal Account Transfer Number

Endowment Charter on File?  Yes  No

Withdrawal Type/Purpose:

**I. Within Spending Rule**  Archdiocesan Billing  Scholarship  Capital Project  
 Other:

**II. Outside of Spending Rule\***  Other:

\*Requires Vicar and Finance Council Approval

<i>Rev. Andrzej Totzke, SChv</i>	07/28/2023
Pastor/Principal Signature**	Date
_____	_____
Vicar Approval	Date

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

**Sign and submit request via fax or email to one of the following:**

<b>Financial Operations Investment Operations</b> Fax: 312.534.5272   Email: <a href="mailto:investments@archchicago.org">investments@archchicago.org</a>	<b>Financial Operations Archdiocesan Bank</b> Fax: 312.534.5272   Email: <a href="mailto:archbank@archchicago.org">archbank@archchicago.org</a>
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