

**Joint Investment Fund of the Trustees of the Diocese of Ohio**



**JIF Withdrawal Form**

Parish Name \_\_\_\_\_

Parish City \_\_\_\_\_

JIF Account # \_\_\_\_\_

JIF Fund Name \_\_\_\_\_

Date \_\_\_\_\_

Please use one (1) form for each account if you are adding funds to more than one account.

Withdrawal requests received at any time during the month will be paid between the 10th and the 15th of the following month.

**Indicate below how the parish wants to receive its funds (Choose one):**

- ☐ Same method as current distribution
- ☐ Check payable to parish
- ☐ Direct Deposit (Include deposit slip with updated information if necessary)

**Amount of Withdrawal** \_\_\_\_\_

- ☐ One-time
- ☐ Recurring: from \_\_\_\_\_ until \_\_\_\_\_

**Authorized Signers**

_____ Signature	_____ Print Name
_____ Signature	_____ Print Name
_____ Signature	_____ Print Name

Completed forms will be accepted by email at [finance@dohio.org](mailto:finance@dohio.org) or mail at **2230 Euclid Avenue,**  
**Cleveland OH 44115, Attn: Finance**