

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 or mail at 2230 Euclid Avenue,
Cleveland OH 44115, Attn: Finance**