

ROMAN CATHOLIC DIOCESE OF LAS CRUCES  
PARISH INVESTMENT PLAN - PIP WITHDRWAL FORM

Please mail, fax or email a scanned signed copy to:

Attn: Jon Blazak, Director of Financial Services  
Fax: (575) 524-3874  
Email: [jonb@rcdlc.org](mailto:jonb@rcdlc.org) with copy to  
[bclark@rcdlc.org](mailto:bclark@rcdlc.org)

DATE: \_\_\_\_\_

DEPOSITOR: \_\_\_\_\_

CONTACT: \_\_\_\_\_ Phone No. \_\_\_\_\_

We request the withdrawal from the Parish Investment Program savings account for the above named depositor in the following amount:

\_\_\_\_\_ dollars (\$\_\_\_\_\_)

The funds are to be payable as follows:

\_\_\_\_\_

The purpose of the withdrawal is:

\_\_\_\_\_

The undersigned, Pastor or other authorized person, understands and agrees that the withdrawal of savings deposits funds for capital improvements or purchases must have all required Diocesan approvals prior to the disbursement of the funds by the PIP.

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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**FINANCE OFFICE USE ONLY**

Withdrawal checks shall be signed by two priest members of the PIP Oversight Committee. In the event that funds are needed for an emergency matter, upon approval by the Bishop, the PIP shall make funds immediately available to a deposit holder.

Withdrawal request reviewed and approved as per PIP policy:

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

Director of Financial Services

Date Paid: \_\_\_\_\_ Check No. \_\_\_\_\_ Amount: \$ \_\_\_\_\_