

Deposit/Withdrawal Slip
DIOCESE OF SUPERIOR
PARISH INVESTMENT FUND

Parish _____
Parish # _____
Address _____
City, State, Zip _____

Pastor's Signature _____
Parish Fund Name _____
Parish Fund COA Number _____

Amount of Withdrawal _____
Amount of Deposit _____

***Make all checks payable to: RBC Wealth Management**

***Send all correspondence to:**
Diocese of Superior
Attn: Ron Nelson
PO Box 969
Superior, WI 54880

***Please expect up to 1 week to receive withdrawal check.**

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