

Diocese of Marquette Investment Pool

**DEPOSIT/WITHDRAWAL FORM**

Mail, Email or Fax to: Wendy Negri  
Diocesan Office  
Fax: (906) 225-0437

***Deposit/Withdrawal notifications must be received by the 15<sup>th</sup> of the month. Deposit funds must be received from the entity at least 3 business days prior to the end of the month. Withdrawal funds will be mailed from the Diocese by the 3<sup>rd</sup> business day of the following month.***

**ID#:** \_\_\_\_\_

**Name of Entity:** \_\_\_\_\_

**Address/City:** \_\_\_\_\_

Deposit Amount \$ \_\_\_\_\_

**OR**

Withdrawal Amount \$ \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date