

1455 West Lake Street Minneapolis, MN 55408 Toll-free: 800-945-8851

Fax: 612-827-0658 www.sonsofnorway.com

LODGE/DISTRICT DEPOSIT FUND WITHDRAWAL FORM

Lodge/District Name:		Number:	
Address:			
	nt Name:		
(I	Example: general fund, scholarship fund, k		
Two free with	Minimum withdrawal amount - \$1 hdrawals per quarter, additional withdrawa	•	
		•	
Under penalt	ies of perjury, I certify that the Lodge/Dis	strict Taxpayer ID No. (E.I.N.) is:	
Checks will be made payable to the lod withdrawal will be deposited in your acc		t. If your banking authorization has been received, the	
The lodge/district number will be the de	eposit fund account number.		
Two authorized signatures of lodge/dist	rict officers needed for withdrawal.		
SIGNATURE	DATE	TITLE	
SIGNATURE	DATE	TITLE	