SONS of NORWAY

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: _____

_____

Withdrawal Amount: _____ ($1,000.00 minimum)

Account Name: _____

(Example: general fund, scholarship fund, building fund, etc)
Minimum withdrawal amount - $1,000.00
Two free withdrawals per quarter, additional withdrawals are subject to $25.00 Fee.

Under penalties of perjury, I certify that the Lodge/District Taxpayer ID No. (E.I.N.) is:

Please allow up to 7 days to process ACH/Direct Deposit payments.
Checks will be made payable to the lodge/district and sent to the lodge/district.
The lodge/district number will be the deposit fund account number.
Two authorized signatures of lodge/district officers needed for withdrawal.

SIGNATURE	DATE	TITLE
SIGNATURE	DATE	TITLE