

† Roman Catholic Diocese of Boise †
Cash Management System
Wire Transfer Request

Date: _____ Location/Sub-Account #: _____

Contact Name: _____ Fax #: (208) _____

Parish/School Sub-Account Title: _____

Transfer Amount: _____

Bank/Account to Transfer From: _____

Transfer Effective Date: _____

Signature: _____ Date: _____

☒ Please fax or mail completed form to: Roman Catholic Diocese of Boise
Attn: Cash Management
1501 Federal Way Suite 400
Boise, ID 83705-5925
Ph (208) 342-1311
Fax (208) 342-1571

† FOR DIOCESE FINANCE OFFICE USE

Transfer Completed By: _____ Date: _____