



Missionary Cooperation Plan 2018
Diocese of Orlando, Florida
FUND RELEASE FORM



Name of Group: _____

Make Check Payable to: _____

Must be a U.S. entity with a 501(c) 3 certification from the IRS (attach copy)

Address of entity: _____

If funds are to be sent **outside of the United States**, please provide **ALL** the information listed below to remit via wire transfer.

Bank Name _____

Bank's Complete Address:

SWIFT Number: _____

Name of Organization: _____

Complete Address of Organization:

Bank Routing number: _____

Checking Account Number: _____

Release Authorized by: _____ Date: _____
(Name, Title)

This must be signed by your Bishop or Superior

Please Note: We must have authorization from the bishop or superior of the sponsoring entity (diocese or religious community) authorizing funds to be sent or deposited into the accounts listed above. It is the responsibility of the approved missionary to secure authorization. Please mail this original form to: Mission Integration and Engagement, Diocese of Orlando, PO Box 1800, Orlando, FL 32802-1800