

**Archdiocese of Louisville
Archdiocesan Deposit and Loan Fund**

Deposit Authorization Form

Please allow 4 business days to process ACH transfers

Date funds needed: _____ Date of request: _____

Parish/School Name _____ Parish/School No. _____

Transfer funds to Deposit and Loan via ACH from:

Bank Name:* _____

Routing Number:* _____

Account Number:* _____

Deposit and Loan Account Name:	Amount of Deposit	Reason for Deposit:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Deposit into Deposit and Loan	\$ _____ -	

Requested by: _____ Date _____

Contact phone number: _____

Pastor's/Principal's signature:* _____ Date _____

* Required information

Fax this from directly to: (DO NOT USE GENERAL FAX NUMBER)

Fax: (502) 272-1628 OR (502) 272-1627

Please send an email to Rebecca Walter AND Becky Wethington informing us that you are sending a fax. We will confirm to you that we received it.

Email: rwalter@archlou.org AND rwethington@archlou.org

If you cannot fax or have questions, please contact Becky Wethington at 502-471-2211