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 form directly to: (DO NOT USE GENERAL FAX NUMBER)

Fax: (502) 272-1625 OR (502) 272-1627

Please send an email to Terri Jarett AND Rebecca Walter informing us that you are sending the form via fax.

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

If you cannot fax or have questions, please contact Terri Jarett at 502-471-2213

Revised 6/30/2017