

Archdiocese of Louisville
Archdiocesan Deposit and Loan Fund

Withdrawal Authorization Form

Please allow 4 business days to process ACH transfers

Date funds needed: _____ Date of request: _____
Parish/School Name _____ Parish/School No. _____

FINANCE USE ONLY PIN Code Verification _____

Please check one of the box below that applies to your request to transfer funds out of the Archdiocesan Deposit and Loan Fund:

Transfer funds via ACH Bank Name:* _____
Routing Number:* _____
Account Number:* _____

Transfer funds via Check Payable to: _____
Address: _____
City, State, Zip: _____

Internal Transfer via Journal Entry Name of DLS Account _____

Deposit and Loan Account Name:	Amount of withdrawal:	Reason for Withdrawal:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Withdrawn from Deposit and Loan \$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. When we receive the ACH Authorization Form we will call and request your assigned PIN Code before making the transfer.

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

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