

**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:
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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) 272-1628

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

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

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