



ROMAN CATHOLIC ARCHDIOCESE OF INDIANAPOLIS

ARCHDIOCESAN DEPOSIT AND LOAN FUND

Request Form: Deposit or Loan Repayment Request Form

Regular Catholic Center office hours are Monday to Thursday, 8:00 a.m. to 5:30 p.m. EST. Requests received **after 3:00 p.m. EST** Monday through Thursday will be processed **the next Catholic Center business day**. Direct any questions to ADLF@archindy.org.

To: Email ADLF@archindy.org or
 Fax Number 317-592-4035
 Roman Catholic Archdiocese of Indianapolis
 Office of Accounting Services

From: Parish, School or Agency # _____
 Parish, School or Agency Name and Address: _____

| ADLF Deposit Account or Loan # | | |
|--------------------------------|-----------------------------|--------|
| ADLF Acct # or Loan # | ADLF Acct Name or Loan Name | Amount |
| | | |
| | | |
| | | |

Total \$ _____ 0

| | |
|--|--|
| Last 4 digits of Parish/School/Agency bank account that funds should be withdrawn from: | |
|--|--|

This form authorizes the Office of Accounting Services to remove funds from the above stated account.

Parish, School or Agency Contact Name: _____

Parish, School or Agency Contact email address: _____

Parish, School or Agency Contact phone #: _____ - _____ - _____

 Signature (Authorized signer on bank account)

 Date

 Title (Authorized signer on bank account)