

**CATHOLIC DIOCESE OF EVANSVILLE
DIOCESAN DEPOSIT AND LOAN FUND
WITHDRAWAL OR LOAN FORM**

APPLICATION FOR WITHDRAWAL OF AMOUNTS ON DEPOSIT OR LOAN FROM THE DEPOSIT AND LOAN FUND.

FROM: (ENTER NAME AND ADDRESS)

SEND TO: TREASURER

DIOCESE OF EVANSVILLE
P.O. BOX 4169
EVANSVILLE, IN 47724-0169

\$ _____ PLEASE WITHDRAW THIS AMOUNT FROM THE FOLLOWING ACCOUNT _____

\$ _____ PLEASE LOAN THIS AMOUNT FROM THE DEPOSIT AND LOAN FUND FOR THE FOLLOWING REASON _____

_____ DATE FUNDS ARE NEEDED

SIGNATURES REQUIRED FOR APPLICATION

	<u>SIGNATURE/DATE</u>	<u>TITLE</u>
A.	_____	_____
B.	_____	_____
C.	_____	_____

GUIDELINES FOR SIGNATURES:

PARISH:

- A. FINANCE COMMITTEE CHAIRPERSON
- B. PARISH COUNCIL PRESIDENT
- C. PARISH PASTOR/ADMINISTRATOR

SCHOOL:

- A. SCHOOL PRINCIPAL
- B. SCHOOL BOARD PRESIDENT
- C. PARISH PASTOR/DEAN

AGENCY:

- A. AGENCY DIRECTOR
- B. BOARD PRESIDENT
- C. DIRECTOR DIOCESAN SERVICES

PARISH ORGANIZATION:

- A. TREASURER-ORGANIZATION
- B. PRESIDENT-ORGANIZATION
- C. PARISH PASTOR/ADMINISTRATOR

OFFICE USE ONLY:

APPROVED TREASURER _____

RECEIVED TREASURER _____

DBC _____

CHECK # _____ FORWARDED _____

G/L BALANCE: _____