

**COOPERATIVE DEPOSIT AND LOAN PROGRAM
DIOCESE OF LAFAYETTE**

-Check Request-

FAX: (337) 261-5645

TO: Diocese of Lafayette
Cooperative and Loan Program
1408 Carmel Drive
Lafayette, LA 70501

DATE: _____

FROM: _____
(Parish - Account Name)

PARISH #: _____

(Address)

(City) (Zip Code)

Please forward a check from the CDLP for the following (CHECK ONE):

Purpose of withdrawal: _____

WITHDRAWALS

_____ A WITHDRAWAL of PARISH GENERAL Savings Amount \$ _____

_____ A WITHDRAWAL OF CEMETERY Savings Amount \$ _____

_____ A WITHDRAWAL of ENDOWMENT Interest Amount \$ _____

ENDOWMENT# _____ **(required)**

LOANS

_____ A LOAN to the PARISH/Entity* Amount \$ _____

*If this is not an approved loan and the amount exceeds the Parish line of credit, approval must be obtained from the CDLP Loan Committee.

Requested by: _____
(Signature)

(For Office Use Only)

DATE PAID: _____

ACCOUNT BALANCE: _____

CHECK NO: _____