

Catholic Diocese of Saginaw Inter-Parish Deposit & Loan Program

Parish / Organization / School _____

City _____

Date _____

TRANSACTION TYPE

ACH Deadline - Noon on Wednesday for Friday effective date

PAYMENT TYPE

<input type="checkbox"/> DEPOSIT	Amount	Description	Sav-to-Sav	Sav-to-Loan	Check	Check #	ACH	ACH CODE
IPDL Account #	\$							
IPDL Account #	\$							
IPDL Account #	\$							
IPDL Account #	\$							
IPDL Account #	\$							
IPDL Account #	\$							
IPDL Account #	\$							
IPDL Account #	\$							

<input type="checkbox"/> WITHDRAWAL		Purpose						
IPDL Account #	\$							
IPDL Account #	\$							
IPDL Account #	\$							

<input type="checkbox"/> LOAN PAYMENT		Description						
IPDL Loan #	\$							
IPDL Loan #	\$							
IPDL Loan #	\$							

AUTHORIZED SIGNATURE: _____ AUTHORIZED SIGNATURE: _____	TITLE: _____ TITLE: _____	FOR DIOCESAN OFFICE USE ONLY: RECEIVED BY / ENTERED BY _____ DATE _____
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Please send to "INTER-PARISH DEPOSIT & LOAN" or fax to 989-797-6645
Email : tcharbonneau@diosag.org and mseeger@diosag.org