

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

**-Check Request-**

**FAX: (337) 261-5645**

**TO:** Diocese of Lafayette  
Cooperative Deposit and Loan Program  
P.O. Box 3387  
Lafayette, LA 70502-3387

**DATE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_  
(Payee- Account Name)

\_\_\_\_\_

(Address)

\_\_\_\_\_

(City) (Zip Code)

=====

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

**WITHDRAWALS**

\_\_\_\_ A WITHDRAWAL of PARISH/ENTITY Funds      Amount \$ \_\_\_\_\_

\_\_\_\_ A WITHDRAWAL of CEMETERY Funds      Amount \$ \_\_\_\_\_

**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 : \_\_\_\_\_

CHECK NO. : \_\_\_\_\_