



ARCHDIOCESAN ELECTRONIC PAYMENT FORM

Note: This form is to only be used for the electronic payment of Archdiocesan invoices from funds on deposit or via ACH bank draft initiated by the Archdiocesan Accounting Office. Requests will be processed twice a month: requests submitted by the 10th day of the month will be processed on the 15th day of the month, and requests submitted by the 20th day of the month will be processed on the 25th day of the month. Any incomplete information may result in processing delays.

Request Date: _____

Parish/ School/ Agency

Name: _____

City: _____ DLS Location #: _____

Requester Name: _____ Phone Number: _____

Withdrawal Account Info

- Withdrawal from Funds on Deposit (DLS Account # _____)
- ACH Funds from the Following Account

Bank Name: _____

Bank Account #: _____ Routing #: _____

*Please attach a copy of a cancelled check if funds have not been previously transferred from account

Request Details

*Please attach a copy of all supporting invoices that you would like to pay

| Invoice # | Amount | Specific Instructions/Description |
|---------------|--------|-----------------------------------|
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| Total: | \$ | |

Approval

Pastor/ Authorized Signature

Printed Name

Transmittal Information

Mail:
Archdiocese of New Orleans Accounting Office
7887 Walmsley Avenue
New Orleans, LA 70125

Email:
ccountiss@arch-no.org
Fax:
(504) 861-6202

* For any questions please contact: Christopher Countiss, Controller at (504) 861-6248; ccountiss@arch-no.org