

**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)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (Zip Code)

**PARISH #:** \_\_\_\_\_

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 CENTENNIAL CAMPAIGN 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)

**NOTE: Requests received after 2:30 pm will be processed and mailed the following day.**

(For Office Use Only)

DATE PAID: \_\_\_\_\_

ACCOUNT BALANCE: \_\_\_\_\_

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