INTER PARISH LOAN FUND INC.

Deposit Withdrawal _____ Loan Draw Request _____

Email Form to: iplfrequests@archbalt.org	From:
	Title:
Location Name:	Phone:
	E-Mail:
	Fax:
Location Code:	
Address:	
Amount of Withdrawal:	Date Needed :

Purpose of the Withdrawal(s) and the Fund(s) to take the withdrawal. If more than one fund, list the amount from each.

Prepared by:	Date:
Pastor or Principal Signature:	

AOB APPROVAL:	*Signature*	*Date*
Director, Archdiocesan Finance		
Or Executive Director		

rev. 5/26