



**INTER PARISH LOAN FUND INC.**

**Deposit Withdrawal \_\_\_\_\_ Loan Draw Request \_\_\_\_\_**

**Email Form to: [iplfrequests@archbalt.org](mailto: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