



**FINANCIAL OPERATIONS — ARCHDIOCESAN BANK**

**ARCHDIOCESAN INVOICE PAYMENT AUTHORIZATION FORM**

Use Archdiocesan Bank account funds to directly pay archdiocesan invoices

**PARISH/SCHOOL INFORMATION:**

Parish/School Name:		Parish/School ID Number:	
Parish/School Address:			
City:		State:	ZIP:
Phone: Daytime (Primary):		Alternate:	

**PAYMENT INFORMATION:**

Requested Transfer Date:	
Archdiocesan Bank Account Number:	Amount:
Archdiocesan Bank Account Number:	Amount:
Archdiocesan Bank Account Number:	Amount:
Archdiocesan Bank Account Number:	Amount:
<b>Total Payment Amount:</b>	

**ADDITIONAL INFORMATION\* (OPTIONAL):**

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\* Please include a copy of your archdiocesan invoice if payment should be applied in a specific manner by A/R.

\_\_\_\_\_  
 Pastor/Principal Signature \_\_\_\_\_  
 Date

**Sign and submit request via fax or email to the following:**

**Financial Operations – Archdiocesan Bank**  
 Fax: **312.534.5272** | Email: **archbank@archchicago.org**