



## DEPOSIT

*(Please note: All checks are to be made payable to parish of deposit)*

**Organization / Program / Activity:** \_\_\_\_\_

Check#	Amount	First Name	Last Name	Project ID	Project #

Deposited Funds For Restricted Use:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 (Printed Name of Organization/Program/Activity Representative) (Title)

\_\_\_\_\_  
 (Signature of Organization/Program/Activity Representative) (Date)

**Please note: This form must be directly routed to the Coordinator of Finance with all checks to be deposited at 19630 N 4th Street, St. Meinrad, IN 47577, (aka Parish Office). Please allow 2 weeks for the funds to be deposited.**

**FOR PARISH OFFICE USE ONLY:**

\_\_\_\_\_  
 (Signature or Approval by Coordinator of Finance) (Date Received)

Restricted Account # for Deposit: \_\_\_\_\_

Copy of Deposit Form Issued & Sent to: \_\_\_\_\_  
 (Date)