

Please fill out and print this form, then submit to the appropriate board for authorized signature(s).

PAYMENT ORDER

Date

TO THE FINANCIAL ADMINISTRATOR:

Please have a check issued payable to:

in the amount of: for

This check is to be charged to the account of:

Payment should be made (*check one*)

Upon receipt of bill

Now

Other (briefly clarify)

For church records, we have also attached:

It is requested the check be (*check one*)

given to the person to whom check is payable

given to the following person

mailed to the firm or following person

at the see attached, or following address:

Number & Street

City State Zip code

REQUESTED BY:

AUTHORIZATION FOR PAYMENT IS GIVEN BY:

(Board or Committee Chair Signature)

(Date)

(Deacon Chair Signature - if request is for \$100 or more)

(Date)

(Office Use Only)

Paid by Check: No. _____

Date _____

By: _____
(Signature of Person Who Issued)