

CHECK REQUEST FORM

ORGANIZATION: _____

APPROVED BY
(SIGNATURE REQ'D.): _____

REQUESTED BY: _____

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

DATE: _____

AMOUNT: _____

PAYEE _____

PAYEE'S ADDRESS: _____

Disposition: Send by Mail
 Pickup at Rectory via _____
 Pickup at School via _____
Date & Time to Pick Up _____

*Note: For those who wish to pick up check, please call in advance
in order to find out if check has been processed and signed.*

NOTES: