

REQUEST FOR PAYMENT FORM

1. DATE: _____
2. NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ OR _____
3. AMOUNT OF CHECK TO BE ISSUED _____
4. PURPOSE FOR WHICH FUNDS WERE/ARE TO BE USED _____

5. ACCOUNT AND CODE NUMBER TO BE CHARGED: _____
6. PRINTED NAME AND SIGNATURE OF RESPONSIBLE ELDER OR PASTOR:

7. CHECK NUMBER AND DATE PAID _____