

EFT/CHECK REQUEST

Date Requested:

Check written to:

Address:

Check amount: \$

Purpose of check:

Account #

Date check is needed by:

Requested by:

Approved by:

(when required)

Entered by:

Attach all receipts to this form or payment can not be processed.
Return request to S&F mailbox in office. Checks will be issued with in 1 to 2 weeks