



everychild.one voice.

AUTHORIZATION FOR PAYMENT VIA EFT/BANK BILL PAY SERVICES

ATTACH ALL INVOICES AND ORIGINAL SIGNED REQUEST FOR PAYMENT

Date _____

Vendor Name _____

Address _____

City/State/Zip _____

Telephone (_____) _____ Email _____

Budget Account _____

Reason for Payment _____

Payment Account _____

Payment Amount _____

Requested By _____

Authorized By _____ Date _____

(Authorized Check Signer)

Authorized By _____ Date _____

(Authorized Check Signer)

This form must be signed by two authorized check signers before any transfer/transaction may be initiated. Signatures by facsimile copy will be accepted.

FOR PTA TREASURER USE:

- ☐ Membership-approved activity
- ☐ Funds released by membership
- ☐ Executive Board-approved expenditure

Control Number	Category	Amount	Date Posted
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President's signature: _____ Date: _____

Date approved in minutes: _____ Secretary's signature: _____