



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

Transaction Date	Transaction Number
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Date Approved in minutes: _____ Secretary's signature _____

08/2017

Fig. F-11 Authorization for Payment Via EFT/Bank Bill Pay Services