



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
------------------	--------------------

Date Approved in minutes: \_\_\_\_\_ Secretary's signature \_\_\_\_\_