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## 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**