

**AUTHORIZATION FOR PAYMENT VIA ELECTRONIC SERVICES
(DEBIT/ACH/EFT/BANK BILL PAY)
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

President's signature: _____ Date: _____

Date Approved in minutes: _____ Secretary's signature _____

07/2022