



PAYMENT AUTHORIZATION FORM

Please complete one form per "Make Check Payable To" request.

Name: _____ Date: _____

Telephone#: _____ Email Address: _____

Date	Event	Description	Amount

Make Check Payable To:

Total \$ _____

Name: _____

Address: _____

Pymt Auth: _____

Check#: _____ **Check Date:** _____ **Check Amt: \$** _____