

## Edwards Church Payment Authorization Form

Company or Individual and address if to be mailed:

Mail to the Attn of:

Request Date (today)

Date Check is Required

Amount of Check Requested

Program/Team to be Charged

Payable to:

Purpose:

If this is for services provided or items purchased please complete the information below and attach a copy of the invoice

Date	Invoice #	Due Date	Invoice Total	

Requested By: \_\_\_\_\_

Authorized By: \_\_\_\_\_

**We will do all possible to cut checks by the requested date, but for larger amounts we may need up to 14 days for funds to be available.**