

**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.*

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**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