



Recurring Check or EFT Payment Request Form

Note: Payments submitted on this form must be the same payment date(s), amount and GL distribution each month.

Corporation

Contract Worker *Please provide W-9, if not already on file*

(Examples: lawn care or snow removal, rent or lease payments, attorneys, special speaker honorariums, love gifts for non-employees, gifts or payments to missionaries, etc.)

Benevolence for non-employee

Reimbursement for items purchased, mileage, medical/ cafeteria plans, insurance, cell phone etc.

Payable to: _____

Address*: _____

(*new vendor/change of address only)

City: _____ State: _____ Zip: _____

Bank Account: _____ Vendor Account #: _____

Recurring Payment Date: _____ **Check** or **EFT**

Start Date: _____ **Expiration Date:** _____

Description	G/L Account #	Amount
Total Check Amount:		

Requested by: _____ Date: _____

Approved by: _____ Date: _____