

Recurring Check or EFT Payment Request Form

Note: Payments submitted on this form must be the same amount and GL distribution each occurrence.

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, cell phone, etc.

Payable to: _____

Address*: _____

(*new vendor/change of address only)

City: _____ State: _____ Zip: _____

Vendor

Bank Account: _____ Account #: _____

Recurring Payment Date: _____

Check or **EFT**

Start Date: _____

Expiration Date: _____

Frequency: _____

Description	G/L Account #	Amount
Total Check Amount:		

Requested by: _____ Date: _____

Approved by: _____ Date: _____

