

Alliance United Methodist Church  
CHECK REQUEST FORM

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_  
PAYABLE TO: \_\_\_\_\_ Amount: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Payable For: \_\_\_\_\_  
When Needed: \_\_\_\_\_ Mail Check?  Yes  No

Signature

Approved

For Accounting Use Only

Account #: \_\_\_\_\_

~ Please allow 10 Business days to process. ~