

**CHECK REQUEST  
REQUEST FOR PAYMENT FORM**

It is the policy of Trinity United Methodist Church for all payment of bills and check requests to be supported by the information below.

**MAKE CHECK PAYABLE TO:** \_\_\_\_\_

**ADDRESS (if applicable or mailing requested):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IN THE AMOUNT OF:** \_\_\_\_\_

**DESCRIPTION OF REQUEST:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACCOUNT(S) TO CHARGE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME OF PERSON REQUESTING PAYMENT:** \_\_\_\_\_

**SIGNATURE OF PERSON REQUESTING PAYMENT:** \_\_\_\_\_

**PERSON RESPONSIBLE FOR ACCOUNT (sign if different from above):**

\_\_\_\_\_

**DATE:** \_\_\_\_\_