



**LAKE REGION CONFERENCE OF SEVENTH-DAY ADVENTISTS
CHECK REQUEST AUTHORIZATION FORM**

BANK _____ DATE _____

PAY TO THE ORDER OF _____

ADDRESS _____ Apt # _____

CITY _____ STATE _____ ZIP CODE _____

AMOUNT _____ DOLLARS _____

ACCOUNT NAME _____ ACCOUNT # _____ \$ _____

ACCOUNT NAME _____ ACCOUNT # _____ \$ _____

ACCOUNT NAME _____ ACCOUNT # _____ \$ _____

EXPLANATION

DUE DATE _____ DELIVERED TO _____

REQUESTED BY _____ Date _____

APPROVED BY _____ Date _____

***DOCUMENTATION/RECEIPTS MUST BE SUBMITTED FOR PROOF OF PURCHASE(S)**