



GREATER PEACE BAPTIST CHURCH PRINTED CHECK REQUEST FORM

THIS FORM MUST BE SUBMITTED AT LEAST ONE (1) WEEK IN ADVANCE OF THE DESIRED CHECK DATE.

REQUESTOR INFORMATION	
Requestor's Name: _____	Date: _____
Ministry (if applicable): _____	
PAYEE INFORMATION	
Make Check Payable To: _____	Date Check Is Needed: _____
Payee's Address: _____	OR
_____	Give Check To: _____

DETAILED REASON FOR CHECK	AMOUNT

PASTOR'S APPROVAL: _____ **DATE:** _____