



**FINANCIAL OPERATIONS — ARCHDIOCESAN BANK**

# CHECK REQUEST AUTHORIZATION FORM

**PARISH/SCHOOL INFORMATION**

Parish/School Account Number:

Parish/School Name:

Parish/School Address:

City:

State:

ZIP:

Daytime Phone (primary):

(alternate):

Check Amount:

Requested Check Date:

Check Purpose\*:

\*Please note: In certain instances, the Archdiocesan Bank may contact the signer of this document to verify this request.

\_\_\_\_\_  
Pastor/Principal Signature\*\*

\_\_\_\_\_  
Date

\*\*Please note: Facsimile signatures will not be accepted.

**Sign and submit request via fax or email to the following:**

**Financial Operations – Archdiocesan Bank**

Fax: **312.534.5272** | Email: **archbank@archchicago.org**

**FOR BANK USE ONLY**

Verified by:

Date / Time:

Verified with (Pastor/Principal name):