



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):