



Payment Request

Name: _____ Date: _____

Vendor: _____ Event/Activity: _____

Payment Amount: _____ Budget Category: _____

1. ELECTRONIC DEPOSIT AUTHORIZATION

I authorize Eastside Band Boosters to pay automatically to the account indicated below. This authorization will remain in effect until I cancel it in writing and in such time as to afford Eastside Band Boosters a reasonable opportunity to act on it.

Name on Bank account: _____

Name of Bank/Financial Institution: _____

Bank Account Routing Number: _____

Bank Account Number: _____

Signature: _____ Date: _____

2. MANUAL CHECK REQUEST

If you would rather receive a manual check, please complete the information below:

Name: _____

Address: _____

City: _____ ST: _____ Zip Code: _____

TPOE Booster Board Authorizer

Name: _____

Signature: _____

Send form and copy of receipts to treasurer@prideofeastside.org