



AMFP CHAPTER NAME: \_\_\_\_\_

CHECK

ACH

Make Payable to (name & address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Amount: \_\_\_\_\_

Currency: \_\_\_\_\_

GL Account #: \_\_\_\_\_

Purpose: \_\_\_\_\_  
\_\_\_\_\_

Comments or Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

**\* For ACH Transaction Request:**

- Submit completed ACH form along with this completed form and legible receipts or related documentation to [invoices@amfp.org](mailto:invoices@amfp.org)

**\*\* For CHECK Transaction Request:**

- Submit completed form along with legible receipts or related documentation to [invoices@amfp.org](mailto:invoices@amfp.org)

Signature: \_\_\_\_\_

Approved by: \_\_\_\_\_

**Questions? Contact the AMFP Executive Office at [invoices@amfp.org](mailto:invoices@amfp.org)**