



# Holy Cross Lutheran Church

## Check Request

Make check payable to:

NAME:	
ADDRESS:	
MAIL CHECK ?	YES      NO
IF NO, GIVE CHECK TO:	

Reason for check:

*(If explanation is necessary.)*

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<u>DATE</u>	<u>ACCOUNT NUMBER</u> <small>XXX-XX-XX-XX</small>	<u>ACCOUNT NAME</u>	<u>INFORMATION</u>	<u>AMOUNT</u>
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Special Instructions:

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Requested by:

Name: 

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- Checks are normally cut two times per month; on the 15th and at month end. If this check needs to be handled differently please indicate this in the Special Instructions.
- All check requests should be submitted to Beth Dorsey in the church office.
- Please contact her with any questions regarding your request.

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