**BLOOMFIELD HILLS BOOSTER CLUB**

 **PAYMENT REQUEST**

Date of Request:

Payable To:

Address for Payment:

Payment Type:

* Check via Bill Pay
* Zelle
* ACH

Add’l information needed for payment (i.e. Zelle email):

Payment Amount:

From Account Name:

From Account Number:

Reason for payment:

Person Requesting:

Authorized Signer #1 Print Name: Authorized Signature:

Date:

Authorized Signer #2 Print Name: Authorized Signature:

Date:

**Attach support for payment request**