



ACH REQUEST FORM

REQUESTER FILLS IN THIS SECTION

Date of Request: _____

Make ACH Payable to _____

Address: _____

Amount : _____

Purpose: _____

Parish/School: _____

Account #: _____

Requested by: _____

Signature of requester: _____ Date: _____

Note: Provide the approved Purchase Order and/or all other supporting documents for this request. Approval and signature by the Parish Priest/Principal are required before the ADOM finance department will issue a check.

Signature of Parish Priest/Principal: _____ Date: _____

Signature of ADOM Representative: _____ Date: _____

FOR ADOM FINANCE USE ONLY	
Check Number _____	Date Issued: _____
Charged to what budget item: _____	
Comments: _____	

ADOM Finance Manager's signature: _____ Date: _____	