

**The American Toy Fox Terrier Club
Payment Request and Authorization Form**

Mail to: ATFTC Treasurer, 39688 140th St, Byars, OK 74801

Or

Email to: treasurer@atftc.com

(Please print legibly)

From (Name): _____

Club Title: _____

Payment Authorized By: _____

Payee Name: _____

Payee Address: _____

City, State, Zip: _____

Amount: _____

Purpose of Payment: _____

Account or Invoice Number: _____

One Time Payment Recurring Payment

Frequency of Recurring Payment: Annually Quarterly Monthly Other

Number of recurring payments: _____

Due Date(s) of Payment(s): _____

Method of Payment:

Check Credit Card PayPal Other

If "Other," Identify method of payment: _____

Signed: _____ Date: _____

(Treasurer Use Only)

Date Paid: _____ Method: _____ Check Number: _____ Date Cleared: _____