

# AMERICAN TOY FOX TERRIER CLUB

## PAYMENT REQUEST AND AUTHORIZATION

MAIL TO: POST OFFICE BOX 407, AGUANGA, CA 92536-0407

OR

EMAIL TO: ATFTC.TREASURER@GMAIL.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 PAYMENTS:

ANNUALLY

QUARTERLY

MONTHLY

OTHER

NUMBER OF RECURRING PAYMENTS: \_\_\_\_\_

DUE DATE(S) OF PAYMENT(S): \_\_\_\_\_

METHOD OF PAYMENT:

CHECK

BILL PAY

PAYPAL

OTHER

IF "OTHER," IDENTIFY METHOD OF PAYMENT: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

(TREASURER USE ONLY)

DATE PAID: \_\_\_\_\_ METHOD: \_\_\_\_\_ CHECK NO.: \_\_\_\_\_ CLEARED: \_\_\_\_\_