



Mt. Zion United Methodist Church
 134 S. White Horse Pike
 Lawnside, New Jersey 08045

CHECK REQUEST FORM

Ministry: _____ Date: _____

Reason for Request: _____

Check Amount: _____ \$ _____ Date the Check is required. _____

_____ Please mail the check. _____ Please place it in the mailbox. _____ I will pick up the check.

Make payable to: _____

Mailing Address: _____

Name of Requestor: _____

Signature of Requestor: _____ Date: _____

DO NOT WRITE BELOW THIS LINE-FINANCE MINISTRY ONLY

Date of Disbursement: _____ Check Number: _____

_____ Check mailed. _____ Check placed in the mailbox. _____ Check picked up.

COMMENTS: _____

