



# REQUEST FOR PAYMENT

**ST. JOHN'S EPISCOPAL CHURCH**  
3427 Olney-Laytonsville Road  
PO Box 187  
Olney, MD 20832  
301.774.6999  
www.stjec.org

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

ACH PAYMENT                      BANK NAME \_\_\_\_\_  
   ACCT INFO \_\_\_\_\_  
   ROUTING # \_\_\_\_\_

AMOUNT TO BE PAID

PURPOSE \_\_\_\_\_  
\_\_\_\_\_

CHARGE TO ACCOUNT \_\_\_\_\_

REQUESTED BY \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_

*2<sup>nd</sup> Approval if over \$5000*

*Office Use ONLY*

Request Received \_\_\_\_\_ Date Paid \_\_\_\_\_