

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: _____