

**CHECK REQUEST**

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

PAY TO: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

CHARGE TO: \_\_\_\_\_

AMOUNT: \_\_\_\_\_ SIGNED: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_

CHECK# \_\_\_\_\_ CHECK DATE \_\_\_\_\_ Bank of America / MERRILL LYNCH