

U U C T  
A U T H O R I Z A T I O N  
F O R

P A Y M E N T R E Q U E S T

(This form is for when a check needs to be made out ahead of time. Example: UUA Book Store)

Account/Line Item	Description	Amount	Subtotal
<b>Total:</b>			\$

**Check(s) to be made out to: (Ex. US Postal Service)**

**Name:** \_\_\_\_\_  
*(please print)*

**If check is to be mailed, enclose a stamped, self- or business-addressed envelope**

\_\_\_\_\_  
\_\_\_\_\_

**Name and signature of person requesting check:**

\_\_\_\_\_

**Signature & title of board member authorizing payment request:**

\_\_\_\_\_