

Evangelical Lutheran Church in Canada

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Cheque Request

Instructions: This form is a PDF fillable form. Use the tab key (not the enter key) to move to the next box in the form. The completed form can be saved and printed.

Fund: (Check one) Operating CECF LIFE

Date: _____

Issue Cheque to: _____

Dept/Name: _____

Mailing Address: _____

City/Prov/P.Code: _____

Telephone: _____ **Fax:** _____ **E-mail:** _____

Description	Account Number	Amount
Total		

Cdn Funds U.S. Funds

Special Instructions to Accounting:

Signature: _____

Authorized By: _____

Accounting
Cheque Approved: _____
Date Paid: _____
Cheque #: _____