

Federation for Children with Special Needs
529 Main Street, Suite 1M3, Boston, MA 02129

Check Payment Request Form

Use this form **only** when a payment is needed but no invoice will be received.
If there is an invoice it can be signed and coded directly on invoice

Make Payment to:

Name:

email:

Phone:

Address:

Vendor consents to receive payment via direct deposit
They will receive an email from BILL.com to set up your direct deposit

W9 on file

Amount:

Requested by:

Date
Requested:
Date
Needed:

Reason for Check: Date and Name of event(s) etc

Signature of Requester: _____ Date:
(QuickSign)

Signature of Director: _____ Date:
(QuickSign)

Account Number:

Class Number:

Grant Specific

If using a specific grant the Class number must be 210