

Blank Check & Payable Form

The Potter's House
FAMILY WORSHIP CENTER

Name of Person Using Check: _____

Check Written To: _____

Department: _____

Date: _____ Amount: _____ Check # _____

Authorized By: _____

My take a few days to receive your blank check. Immediately return check stub with receipt.

Doc# 11.1.14
11/4/2009, Revision #5

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