



Student Account – Check/ Debit Card Used Request Form

Date Submitted: _____ Acct. Name/Number: _____

Event/ What Funds Are For: _____

Check (needed for / to be mailed by: _____)

Debit card (email Steffanie.begin@sad12.org the link for purchase)

REQUEST MUST BE MADE AT MINIMUM – ONE DAY IN ADVANCE

Check Payee		Amount (Complete for both Checks and use of Debit Card)	
Address (if mailing)			
Check Memo (invoice # if applicable)			

Other notes:

Signature/Title: _____ Date: _____

**** Office Use ****

If check requested, date check mailed/ given to requestee: _____

If debit card requested to be used, date used to order: _____