

Multiple Payee Check Authorization Form

Date _____

I, _____, have signed the multiple payee check in the amount of \$ _____, from (maker) _____ drawn on (financial institution) _____.

I understand the check will be negotiated without my ability to access the funds from the check.

Print Name
Signature

Notary Information:

State of _____ County of _____

Subscribed and sworn before me _____ day of _____, 20_____.

_____ Notary Public