

**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.

<b>Print Name</b>
<b>Signature</b>

**Notary Information:**

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn before me \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ Notary Public