

Automatic Bank Withdrawal Notification

Green Form

Updated 4/2010

Organization: _____

Payee: _____ Date of Withdrawal: _____

Account Drawn From: _____ Invoice Number/Description: _____

Description:	Charge Line Item:	Amount:

Approved by: _____ Total: _____

***Please attach the MMS Credit Card Reconciliation Form if withdraw is for a credit card payment.*



7607 NW Prairie View Road, Kansas City, MO 64151 ♦ 816-382-3050 ♦ Fax: 816-382-3052