

# Third Party Payment Authorization Form



Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: Account # \_\_\_\_\_

Fund Name # \_\_\_\_\_

Dear \_\_\_\_\_;

From the account and fund listed above, please remit a check in the amount of \$\_\_\_\_\_ made payable to Lorence & Vander Zwart.

Remit the check to the following address:

Lorence & Vander Zwart  
240 South River Ave  
Holland, MI 49423

Thank you,

\_\_\_\_\_  
Signature  
Name \_\_\_\_\_

\_\_\_\_\_  
Signature  
Name \_\_\_\_\_

***This form must be signature medallion guaranteed***