

# Falls Lake Academy PTA

## Debit Card Check Out Form



Please print all fields.

Date: \_\_\_\_\_

Name of Person Checking Out Debit Card: \_\_\_\_\_

Purpose of Check Out (please be specific):

---

---

---

---

Expected TOTAL Debit Amount: \$ \_\_\_\_\_

(Do not write below line)

-----

Authorized By:

\_\_\_\_\_  
Authorized Approval Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Treasurer's Signature

Date: \_\_\_\_\_