



PAYMENT VERIFICATION FORM

****Please email this completed form to: abrcms@maritz.com as soon as possible to ensure your payment is correctly applied.****

Contact Information:

Name: _____

School/Group: _____

Email Address: _____

Daytime Phone Number: _____

Payment Type (circle one): ACH * Wire Transfer * Check Payment

Check Date (if applicable): _____

Date Sent: _____

Amount Sent: _____

List all individuals you are paying for below: (attach additional sheets if needed)

	First Name(s)/Last Name(s)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

	First Name(s)/Last Name(s)
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	