



## Service Payment Request Form

Date: \_\_\_\_\_ Requester's Name: \_\_\_\_\_

Requester's Email: \_\_\_\_\_ Requester's Phone #: \_\_\_\_\_

### Service Details:

Date of Service	Description of Service	Total for Service
<b>Grand Total:</b>		

**Payment Information:** Please select your preferred payment method and provide the required details:

Payment Method	Details to Provide
<input type="checkbox"/> Zelle	Zelle ID: _____
<input type="checkbox"/> Check	Payable To: _____ Mailing Address: _____ <i>*Please note that it will take 3-5 business days for you to receive the check</i>
<input type="checkbox"/> ACH	Bank Name: _____ Account #: _____ Routing #: _____

I, \_\_\_\_\_, confirm that the above services were performed as described, and I request payment in the total amount stated above.

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