Pre-approval for Accepting Business Checks

Please fax completed form to 708.358.5105

Applicant Information

_____   _____
Company Name   Date

_____   _____
Last   First   MI
Applicant Name

_____
Job Title

_____   _____ _____ _____
Company Address   City   State   ZIP

_____   _____
Primary Telephone Number   Secondary Telephone Number

_____
Name of Banking Institution(s)

Name of Signatory's on all Business Checks:

_____   _____

_____   _____

_____   _____

Comments _____

_____

_____   _____
Applicant signature   Date

Approval to Accept Business Checks

This section to be completed by Oak Park Finance Department.

Approval status   Accepted   Declined
                                        ☐   ☐

Reason for decline _____

_____

_____

_____   _____
Department manager signature   Date

Thank you!