

Check Revision Form

Please fill in the appropriate boxes when requesting a change on your Accounts Payable or Payroll checks. Allow two weeks for changes.

District: _____

Effective Date: _____ Starting Check Number: _____

Type of Check:

Accounts Payable Payroll

Requested Changes:

Bank (must include completed MICR form)

Logo (must include sample)

Header information (name, address, etc.)

Signature (please have appropriate people sign in the box below)

Signature: _____ Date: _____

**Please return this form to Rhonda Smith,
MAISD Technology Services,
630 Harvey Street, Muskegon, MI 49442-2398**