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RYSL Check Replacement Application

072011

Read the “RYSL Money Policy” before filling out this Application

Fill out this application completely and legibly

 (Name of person/Company original check written to) (# of original chk) (Date of original chk) (Amount of original chk)

 (Season of original chk) (Year of original chk) (Reason for original chk)

 (Reason for chk replacement)

For checks of \$50.00 or greater, a \$25.00 “Stop Payment” fee will be accessed

 (Name of person/Company requesting this chk replacement) (Address of person/Company requesting this chk replacement)

 (Email address of person/Company requesting this chk replacement) (Phone)

 (Relationship to Player) (Date of initial payment) (Cash/Check # of payment made) (Amount of payment)

I have read the “RYSL Money Policy” and I agree to abide by it. I attest to the fact that the above information is true under penalty of the law.

 (Print Name) (Sign Name) (Date)

 (Name of person contacted for this transaction) (Date transaction was requested)

 (Name of person approving this request) (Check #) (Date) (Amount paid)

 (Action taken)

This is a Check Replacement for a payment made by the RYSL as a 501(c)(3) organization. The person approving this Check Replacement is the President of the Rainbow Youth Soccer League and an officer of the Corporation.