



- From ACE Accounts.
- From MAHEC Accounts

Mail Payment Request to:
 P.O. Box 7884
 St. Paul, MN 55107-0884

- Send payment to vendor.
- Send payment to individual.

Date: _____

Payee: _____ Amount: \$ _____

Address: _____ City, State, Zip: _____

For _____

Payment Authorized By: _____ Check # _____ Date: _____



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