



Check Submission

Advisor:		Rep ID to be paid:	
Client:			
Does the client have an LPL account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Type of service:	<input type="checkbox"/>	Financial Planning
	<input type="checkbox"/>	Consulting
	<input type="checkbox"/>	Other (please specify):

Total plan fee:	\$			
Amount of check:	\$			
Installments:	<input type="checkbox"/> Initial	<input type="checkbox"/> Final	<input type="checkbox"/> Paid in full	<input type="checkbox"/> Recurring
Date of anticipated completion (if applicable):				

Advisor Signature: _____ **Date:** _____

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