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CHECK BY FAX- ACH

AUTHORIZATION TO CREATE A CHECK DRAFT

*** COMPANY CHECKS ONLY ***

Date ___/___/___

From (Company Name) _____

Name on Account: _____

Bank Account # _____

Routing # _____

Re: Invoice(s) # _____

IN THE AMOUNT OF \$ _____

Signature

Print Name & Title

THIS AUTHORIZATION IS VALID FOR THIS TRANSACTION ONLY

PLACE YOUR ACTUAL CHECK HERE –
DO NOT Void CHECK

PLEASE DO NOT MAIL THE ORIGINAL CHECK

Please ensure funds are available when Check is Faxed. Insufficient Funds Fee is \$35.00