



Forward this form to: Commercial Accounts Representative

Bank Information

Form with fields: Name of Primary Bank, Bank Representative, Address, City, State, Zip Code, Phone Number, Fax Number

TO WHOM IT MAY CONCERN:

The account holder indicated below hereby authorizes you to mail ALL RETURNED AND DISHONORED ITEMS AFTER FIRST PRESENTATION for payment to:

PLEASE REMIT ALL RETURNED ITEMS TO:
Check Collect™
Post Office Box 21175, Waco, Texas 76702-1175

This new address and authorization applies only to return items and is to remain in effect until canceled by written notification to the Bank and to Check Collect. Include a copy of the bank debit in the herein indicated account holder's statement.

FROM:

Account Name Account Number

Grid for Bank RTN Number

Bank RTN Number

Agreed and Accepted this the ___ day of ___, 20___

Table for Authorized Signers with fields for Name, Title, and Signature

Form with fields: Account Name, Phone Number, Address, City, State, Zip Code