



Bank Authorization Form

Print and Mail-In or Fax This Form

TO: _____
(Hereinafter referred to as "Merchant")

Mailing Address: _____

City: _____ State: ____ Zip: _____

RE: _____
(Hereinafter referred to as "Merchant")

Mailing Address: _____

City: _____ State: ____ Zip: _____

Bank Account Number: _____

This letter authorizes the Bank to forward all checks that are deposited to the above referenced account, that are returned unpaid to Credit Services Incorporated.
Checks are not to be re-deposited.

The Bank is hereby released from any further liability of guaranteeing delivery of the aforementioned checks to the Merchant. This letter also authorizes Credit Services Incorporated to act as the agent for the Merchant in the processing of the aforementioned checks and the Merchant's fee of \$35.00 (thirty-five dollars).

The authorization will remain in effect from this date forward until the Bank has received written notice of cancellation.

Dated this ____ Day of _____ 20____ .

Merchant: _____

Signature: _____

Print Name: _____

Completed forms must can be mailed or faxed to:
CREDIT SERVICES INCORPORATED
PO BOX 247
HANCOCK, M 49930
FAX NUMBER: 906-482-1313 or 906-482-6724 **Attn: Jennifer**