



## LETTER OF AUTHORIZATION

TO

BANK			PHONE #
ADDRESS			FAX #
CITY	STATE	ZIP CODE	BANK OFFICER

### REGARDING ALL RETURNED PAPER INSTRUMENTS OR ITEMS

COMPANY NAME ON CHECKING ACCOUNT			PHONE #
ADDRESS			FAX #
CITY	STATE	ZIP CODE	CONTACT NAME
ROUTING NUMBER (9 DIGITS) 		ACCOUNT NUMBER (5 TO 25 DIGITS) 	

*You are directed not to re-deposit or hold any returned items to my account.  
You are authorized and directed to fax or mail all returned items to:*

CheckVelocity, Inc.  
P.O. Box 331047  
Nashville, TN 37203-7508  
Fax: 1-615-760-6366

If in the event the above-named bank has any previous check processing agreements with the above account, this combined document will also serve as a Letter of Notification for Cancellation of any previous return check processor agreement.

The bank is hereby released from any further liability of guaranteeing delivery of the aforementioned checks to the above named merchant.

CheckVelocity, Inc. is hereby authorized to process said returned items for payment in accordance with the Rules and Regulations set forth by the U.S. Federal Reserve.

This Letter of Authorization will remain in effect until cancelled in writing. Thank you for your attention to this matter!

SIGNING FOR COMPANY	
PRINT NAME	TITLE OR CAPACITY
AUTHORIZED ACCOUNT SIGNATURE <b>X</b>	DATE

White Copy - CheckVelocity    Yellow Copy - CheckVelocity    Pink Copy - Company

APPLICATION #
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