



Bank Release Authorization
Forward to Commercial Accounts Representative

| | | |
|----------------------|-------|----------|
| Merchant's Bank Name | | |
| Contact Name | | |
| Address | | |
| City | State | Zip Code |
| Phone | Fax | |

TO WHOM IT MAY CONCERN:

I/we hereby authorize and instruct you to mail all return items after first presentation for payment and determination of uncollectable funds to CHEXcollect®™ Electronic Check Recovery. It is important that you forward these items after the first presentation; do not attempt to present each item a second time.

Please Remit All Returned Items To

* Please Insert Merchant's Name → _____
 c/o CHEXcollect.com
 221 Broadway, Suite 305
 Amityville N.Y. 11701

This new address and authorization applies only to return items and is to remain in effect until canceled in writing. *Please include a copy of the bank debit in my/our statement*

| |
|--------------------------------|
| Bank Routing Number (9 digits) |
| Bank Account Number |

| | | | |
|--|------|--|------|
| Print Name of 1st Authorized Signor on the Account | | Print Name of 2nd Authorized Signor on the Account | |
| Signature of 1st Authorized Signor on the Account | | Signature of 2nd Authorized Signor on the Account | |
| Title | Date | Title | Date |

| | | |
|-----------------------|-------|----------|
| Merchant Account Name | | |
| Contact Name | | |
| Address | | |
| City | State | Zip Code |
| Phone | Fax | |