

Check Authorization Form

To authorize purchases for the purposes of (please check one or both):

Recurring Charges

Frequency (circle one): Monthly Bi-Monthly Quarterly Semi-Annual Annual

Recurring Amount: \$_____

Other Charges _____

I hereby authorize _____ to duplicate the attached check in bank draft form. If bank drafts are authorized for recurring charges, I understand a bank draft will be created for the amount and frequency specified above.

I understand that the **Payee** or authorized agent of Payee, will sign the bank draft as my agent.

PLEASE CHECK AUTHORIZATION #1 OR #2

Authorization #1 – This authorization is **valid for this transaction and any future transactions** that may be processed by _____. I understand that this will occur on the frequency stated above and for the amount stated above until and unless I provide a signed letter requesting the termination of such bank drafts.

Authorization #2 – This authorization is **valid for this transaction only**. No other bank drafts may be created without my/our direct written or verbal authorization.

Dated: _____

Signed: _____

Authorized Signee

Apply tape at top of check only...

TAPE YOUR CHECK HERE