



Member Application and
Service Agreement

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ACCOUNT AUTHORIZATION LETTER

TO: _____

Financial Institution Name (hereinafter referred to as "Bank")

Bank Address

City/State/Zip

Bank Phone and Fax Number

Phone: _____

Fax: _____

RE: _____

Merchant Name (hereinafter referred to as "merchant")

Merchant Bank Account Number: _____

This letter authorizes the BANK to forward all checks deposited to the above referenced account that are returned unpaid to:

VeriCheck, # _____
North Processing Center
12A Town Square
Blairsville, Georgia 30512

CHECKS ARE NOT TO BE RE-DEPOSITED.

The BANK is hereby released from any further liability of guaranteeing delivery of the aforementioned returned checks to MERCHANT. This letter also authorizes VeriCheck to act as agent for MERCHANT in the processing of the aforementioned checks. This authorization will remain in effect from this date forward until written notice of cancellation has been received by BANK.

Dated this _____ day of _____, 20____.

Authorized Signature

Title

Printed Name