



## BANK AUTHORIZATION

<b>Bank Name:</b>	_____
<b>Bank Address:</b>	_____
<b>Bank City, State, Zip Code:</b>	_____

### AUTHORIZATION STATEMENT:

This signed statement authorizes \_\_\_\_\_  
To mail to InstaChek all checks that have been given to us by customers and returned unpaid by their bank. These checks are not to be held or re-deposited, but sent immediately when first dishonored to the following company and address:

**InstaChek  
P.O. Box 5296  
Abilene, Texas 79608**

**This authorization will remain in effect until written notice of the cancellation of this authorization has been received. If cancellation of this authorization does occur, please contact the InstaChek office immediately at (325) 692-0370/(800) 588-0370. You may ask for April Johnson. Thank You and have a great day!!**

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

<b>BUSINESS NAME:</b>	_____
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<b>SIGNATURE:</b>	_____
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<b>ACCOUNT NUMBER:</b>	_____
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To expedite the authorization and increase accuracy, you may simply sign this form and attach a deposit slip or voided check. Thank You!!