

Checks-By-Phone Authorization Form

(This form is only to be used if the merchant is NOT obtaining Customer Authorization via a Recording Service.)

Customer Information:

First Name	Middle Initial (Optional)	Last Name
Street Address (no P. O. Boxes please):		
City:	State:	Zip:
Home Phone:		
Work Phone (preferred but not required):		
Driver's License State:	Driver's License Number:	
Last Four of Social Security Number or 4-digit Year of Birth (required for verification purposes):		

Customer's Bank and Payment Information:

Routing Number (9 digits):	
Account Number:	
Check Number:	Checks-By-Phone Amount: \$

Payment Authorization:

I authorize the above named merchant to process my Checks-By-Phone payment as an electronic funds transfer or paper draft and to debit my account for the amount of the transaction through the ACH network. In the event my EFT or draft is returned from my bank unpaid, I agree that a fee of \$25.00 or as allowed by law may be charged to my account via draft or EFT. Furthermore, I warrant that I am authorized to execute this payment authorization and the above information is true and correct.

Customer Signature

Date

This document must be retained for two (2) years.