



Check By Fax Approval

Date:	
To:	
Fax #:	
From:	
Address:	
Phone:	

Has permission to charge my bank account as per the faxed check that accompanies this authorization.

Check #:		Payable to:		Amount:	
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Title:		Signature:	
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Print Name:	
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Please remember that the purpose of your faxed check is to provide us with the correct information to create an accurate check, and for you to retain a permanent accounting record. Also, please remember that this faxed check contains no other information than would appear on any check you would have mailed to us, and thus it poses no additional risk to security.

You should retain the original check for your records.

We will forward a check confirmation to you.

Please include copy of the check to be used for this payment.

PLEASE FAX BACK TO 305 593-5111