

**Attention Financial Institution: PLEASE PROCESS IMMEDIATELY
Returned Checks Authorization**

This Authorizes _____ (name of Merchant's bank) to mail to **ElecChk** all checks that have been given to us by our customers that have been returned unpaid by their bank. In the event the above named bank has any previous check processing agreements with the account number listed below, this document will supercede and cancel all prior authorizations and instructions and also serve as a **Letter of Notification for Cancellation** of any previous returned check processor agreement. The bank is hereby *released* from any further liability of guaranteeing delivery of the aforementioned checks to the business listed below. This letter authorizes **ElecChk** to act as the processor in 're-presenting' all returned checks. This Returned Items Authorization will remain in effect from this date forward until the above named bank has received notice of cancellation in writing. **These checks are not to be held or re-deposited.**

Returned checks, when first dishonored, are to be sent immediately to:

ElecChk
PO Box 50408
Henderson, Nevada 89016

MERCHANT'S BANKING INFORMATION

Name of Bank _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ FAX _____

Bank Routing # _____ Account # _____

MERCHANT INFORMATION

Business Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ FAX _____

X _____ / /
Signature(s) of Account Holder(s) Title Date

**IMPORTANT: IF YOU SHOULD HAVE ANY QUESTIONS REGARDING THIS
AUTHORIZATION STATEMENT, PLEASE CONTACT OUR CUSTOMER
SERVICE DEPARTMENT AT 702.450.7179 or 702.450.9136.**

THANK YOU FOR
YOUR ASSISTANCE.

X _____ / /
BANK OFFICIAL SIGNATURE DATE

DATE

Please sign and **Fax back to us at 702.450.9136** as confirmation.