

Check By Phone

Customer ID _____

Based on your telephone authorization and the information you have provided, we will present to your bank an Pre-Authorized debit in the amount of \$ _____ + \$ _____ processing fee for a total of \$ _____. This payment will be processed immediately and funds for the amount stated above will be debited from your account within 48 hours. All banking information is kept confidential and is only used for this one time processing of your payment. If you have any questions regarding this Pre-Authorized debit from your account, please call **702.450.7179** for further inquiry.

NAME ON ACCOUNT: _____

PRIMARY SIGNER: _____

BANK NAME: _____ PHONE NUMBER: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

CHECK NUMBER: _____

(Obtain one of the following pieces of information for security purposes)

DRIVERS LICENSE #: _____ DOB: _____ SSN: _____

AUTHORIZED BY: _____

SALES#: _____

CONFIRMATION#: _____

Complete and fax this processing form to:

702.450.9136