Bank Release Authorization

As an authorized representative of the company and the account listed below I/We hereby authorize and instruct you to mail all checks returned unpaid to ACH Direct.
It is critical that these checks are forwarded after the first attempt at collection and that a second attempt is not made at collecting these items.

_____	_____
Authorized Signer on Account (Please Print)	Authorized Signer on Account (Please Print)
_____	_____
Title Date	Title Date
_____	_____
Signature	Signature

Company Name: _____

Address: _____

City/State/Zip: _____

Contact: _____

Phone# / Fax#: _____

Transit Routing Number: ⑆ | | | | | | | | | | ⑆

Account Number: _____

Bank Name: _____

Address: _____

City/State/Zip: _____

Attention: **Commercial Accounts**

This new address and authorization applies to all un-paid checks and is to remain in effect until cancelled in writing. Please include a copy of the bank debit in our normal regular bank statement.

PLEASE REMIT ALL UN-PAID CHECKS TO:

ACH *DIRECT*
42-450 Bob Hope Drive #105 Rancho Mirage, CA 92270
760.202.1600 / Fax: 760.202.9370