



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. This bank release supercedes any previous Bank Release Authorization currently on file. **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#: _____

<p>Transit Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> :</p> <p>Account Number: _____</p> <p>Account Name: _____</p>
--

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, Inc.
Attn: Direct Recovery Department
500 W. Bethany Drive, Suite 200
Allen, Texas 75013
866-290-5400 / Fax: 469-675-8732