

eBanking Experts

Bank Release Authorization

Merchant's Bank Name		
Contact Name		
Address		
City	State	Zip Code
Phone	Fax	

TO WHOM IT MAY CONCERN:

I / we hereby authorize and instruct you to mail all return items after first presentation for payment to Check Recovery Solutions. Please forward these items after the **first presentation**. Please Send All Returned Items To:

Check Recovery Solutions
835 E Lamar #118
Arlington, TX 76011

This address and authorization applies only to return items and is to remain in effect until canceled in writing.

Bank Routing Number (9 digits)	Bank Account Number
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Print Name of 1 st Authorized Signor on the Account		Print Name of 2 nd Authorized Signor on the Account	
Signature of 1 st Authorized Signor on the Account		Signature of 2 nd Authorized Signor on the Account	
Title	Date	Title	Date

Merchant Account Name		
Contact Name		
Address		
City	State	Zip Code
Phone	Fax	

Check Recovery Solutions, 835 E Lamar, Arlington, TX 76011
817-987-0067 817-633-4354FAX