



CHECK AUTHORIZATION

Please print clearly!!

I wish to authorize the purchase of services from Priority Service Direct using this Check Authorization Form.

I hereby authorize Priority Service Direct to duplicate the attached check in bank draft form transaction. This authorization is valid for this transaction only. No other bank draft may be created without my direct written authorization. Photocopies of this authorization will be considered as valid as the original.

Contact Information

Contacts Name

Telephone #

Check Information

Date

Print Name /

Phone #

Address

Routing # & Account #

Bank Name

Check #

Bank Address

Bank Phone #

Authorized Check Amount

The above detail is requested because some colored checks don't fax well and the numbers don't always come through.

**ATTACH THE COMPLETED CHECK BELOW AND FAX BACK
TO (714) 455.2988 OR EMAIL TO psd411@gmail.com**