

BANK AUTHORIZATION

TO: _____

BANK ACCT NO. _____

(BANK ADDRESS)

(CITY, STATE, ZIP)

RE: _____

(ACCOUNT HOLDER'S NAME)

(ACCOUNT HOLDER'S ADDRESS)

(CITY, STATE, ZIP)

This letter authorizes the _____ (BANK) to mail all checks that have been given to us by customers and returned not paid by their bank to:

SURE CHECK BROKERAGE
P.O. BOX 1906
SALINA, KS 67402-1906

The _____ (BANK) is hereby released from any further liability of guaranteeing delivery of the aforementioned returned checks to (MERCHANT).

This letter also authorizes Sure Check Brokerage to act as an agent for (MERCHANT) in processing the aforementioned checks.

This authorization will remain in effect from this date forward, until written notice of cancellation of this authorization has been received by the above named bank.

Date this _____ day of _____, 20____.

(SIGNATURE)

(TITLE)

Sure Check phone: 785-823-1334

Submit this form to the bank of your account.