

**BANK AUTHORIZATION FORM**

**MERCHANT MUST Complete this Document with Signature and GIVE to their BANKER**

(Bank Name and Address)	Merchant # _____
To: _____	Merchant Name: _____
_____	Address: _____
_____	_____
	(ABA / Bank Routing Number)
_____	_____
(Bank Telephone Number)	(Bank Account Number)
_____	_____
(Bank Fax Number)	(Merchant's Telephone Number)

This letter authorizes the above bank to mail to **Global e Telecom** all dishonored checks and authorizes **Global e Telecom** to act as an agent for the above merchant. These checks are **NOT TO BE REDEPOSITED, BUT SENT IMMEDIATELY** to the following address:

Global e Telecom  
PO Box 6867  
Destin, Florida 32550

Effective as of check dates \_\_\_\_\_ and forward.

**NOTICE:** This authorization supersedes and cancels all prior authorizations for check forwarding.

The above bank is now released from any further liability for delivery of returned checks to the above merchant. This authorization will remain in effect until written notice of cancellation has been received by the bank from the above business or **Global e Telecom**.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Printed Name) (Title)

\_\_\_\_\_  
(Merchant Signature)

Sales Representative: \_\_\_\_\_ Phone Number: \_\_\_\_\_