

SAFE-CHEK

Returned Item Release Form

Merchant's Bank Name _____

Address _____ City _____ State _____ Zip _____

Contact Name _____ Phone _____ Fax _____

TO WHOM IT MAY CONCERN:

I / we hereby authorize and instruct you to mail all return items to:

Safe-Chek
P.O. Box 4127
Fort Walton Beach, Fl 32549-4127

This address and authorization applies only to return items and is to remain in effect until canceled in writing. Please forward these items after the first failure. **Do Not Present Items a Second Time.**

Routing Number (9 digits) _____ Account Number _____

Merchant (Account Name) _____

Contact Name _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Date _____

Authorized Signature _____
(Client/Merchant)

IMPORTANT: Should you have any questions regarding this authorization, please don't hesitate to contact our customer service department at (850) 862-2134 or (800) 388-2174

ATTN: Bank Representative
As confirmation, please sign and fax this document back to us at (850) 864-3788 or (800) 695-2239

Received by _____ Date _____
(Bank Representative)

Thank you for your assistance.

Safe-Chek
(850) 862-2134