



Bank Release Authorization

As an authorized representative of the company and the account listed below, I/We hereby authorize and instruct you to mail **ALL** checks returned unpaid to Forte Payment Systems. **This bank release supercedes any previous Bank Release Authorization currently on file.** It is critical that these checks are forwarded after the first attempt at collection and that a second attempt is not made at collecting these items.

_____		_____	
Authorized Signer on Account (Please Print)		Authorized Signer on Account (Please Print)	
_____		_____	
Title	Date	Title	
_____		_____	
Signature		Signature	

Company Name: _____

Address: _____

City/State/Zip: _____

Contact: _____

Phone #/Fax #: _____

Transit Routing Number: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
Account Number: _____										
Account Name: _____										

Bank Name: _____

Address: _____

City/State/Zip: _____

Attention: **Commercial Accounts**

This new address and authorization applies to all un-paid checks and is to remain in effect until cancelled in writing. Please include a copy of the bank debit in our normal regular bank statement.

PLEASE REMIT ALL UN-PAID CHECKS TO:

Forte Payment Systems
 Attn: Direct Recovery Department
 500 W. Bethany Drive, Suite 200
 Allen, Texas 75013
 866-290-5400 / Fax: 972-396-5006