



LIPSEY'S

CHAX / eCHECK Authorization Payment Form

1. Place your check below:

(Fill out check completely, just as if you were mailing it to Lipsey's. Do not mail this check, please retain it for your records.)

Attach check here

2. Please sign and date below:

As a duly authorized signer on the financial institution account identified above, I authorize LIPSEY'S to process this and any future CHAX (Faxed Check) payments as electronic funds transfer debits. The signing of this form also allows LIPSEY'S to perform future electronic funds transfer debits from our account for payments due or when applicable, apply electronic funds transfer credits to the same account.

If any electronic debit(s) should be returned by my financial institution as unpaid (Non-Sufficient or Uncollected Funds), I authorize **LIPSEY'S** to collect a returned item fee of **\$20.00** (or the maximum amount allowed by state law) per item by electronic debit from the same account identified below.

For accounting purposes, all electronic debits will be reflected on the monthly bank statement that corresponds with the financial institution account identified below.

I authorize LIPSEY'S to process any future applicable payments as an electronic funds transfer.

I understand and authorize all of the above.

Print Name: _____

Authorizing Signature: _____

Date: _____

**This authorization is to remain in full force and effect until LIPSEY'S has received written notification of its termination in such time and in such manner as to afford LIPSEY'S a reasonable opportunity to act on it or until the term of the authorization expires. Any such notice should be sent to the following address: LIPSEY'S, P.O. Box 83280, Baton Rouge, LA 70884

Please **Fax** this form to Lipsey's at **(225) 755-3333**

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Cus No: _____ SIm #: _____
www.lipseys.com