

Custom Kitchens by Design

CHECK BY FAX AUTHORIZATION FORM

CLIENT INFORMATION*:

*PLEASE PRINT THE FOLLOWING INFORMATION EXACTLY AS IT APPEARS ON YOUR CHECK

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

HOME: () _____

WORK: () _____

CELL: () _____

CHECK INFORMATION:

NAME OF BANK

ACCOUNT NUMBER*:

*ACCOUNT NUMBERS MAY BE UP TO 17 DIGITS LONG

CHECK NUMBER:

ROUTING NUMBER*:

*ROUTING NUMBERS ARE ALWAYS 9 DIGITS LONG

AMOUNT

I hereby authorize Custom Kitchens by Design, Inc. to debit the checking account identified above for the amount shown. I understand that Custom Kitchens by Design will create a bank draft utilizing the amount and banking information shown and deposit it to their account as though this check had been physically received by them. I also authorize my financial institution to honor this transaction. I understand the above information is given in confidence for the sole purpose of this purchase. Returned checks will be assessed a service fee of \$35.00

Authorized Signature: _____

Date Authorized: _____

Authorized signature of the holder of the checking account

TAPE VOIDED CHECK HERE
US FUNDS DRAWN ON US BANKS ONLY
NOT FOR USE WITH STARTER CHECKS OR CERTIFIED CHECKS
PLEASE NOTE THAT CHAX TRANSACTIONS MAY TAKE UP TO 48 HOURS TO PROCESS

FAX THIS FORM WITH CHECK ATTACHED TO: 301-609-8999

PO BOX 2868 LA PLATA, MD 20646
TEL: 301-934-8700 FAX: 301-609-8999

info@customkitchensbydesign.com
WWW.CUSTOMKITCHENSBYDESIGN.COM