

Staple VOIDED check here, or list bank routing number.  
Please return complete form to GSWestOK.

# CHECKS INC.

## BANK AUTHORIZATION

### Bank Information

### Troop Information

\_\_\_\_\_  
(Hereinafter Referred to as "Bank")  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
(Hereinafter Referred to as "Merchant")  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip

Bank Acct No. \_\_\_\_\_

This letter authorizes the Bank to forward all checks deposited to the above referenced account that are returned unpaid to **Checks Inc., PO Box 14613, Oklahoma City, OK 73113-0613.** **Returned checks are not to be redeposited.**

The Bank is hereby released from any further liability of guaranteeing delivery of the aforementioned returned checks to Merchant.

This letter also authorizes **Checks Inc.** to act as agent for Merchant in the processing of the aforementioned checks.

This authorization will remain in effect from this date forward until written notice of cancellation has been received by Bank.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Troop Signature of an authorized signer.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number