

Attention Financial Institution: PLEASE PROCESS IMMEDIATELY

Returned Checks Authorization

This Authorizes _____(name of Merchant's bank) to mail to CheckSavers Check Recovery all checks that have been given to us by our customers that have been returned unpaid by their bank. In the event the above named bank has any previous check processing agreements with the account number listed below, this document will supercede and cancel all prior authorizations and instructions and also serve as a *Letter of Notification for Cancellation* of any previous returned check processor agreement. The bank is hereby *released* from any further liability of guaranteeing delivery of the aforementioned checks to the business listed below. This letter authorizes CheckSavers Check Recovery, to act as the processor in 're-presenting' all returned checks. This Returned Items Authorization will remain in effect from this date forward until the above named bank has received notice of cancellation in writing. These checks are not to be held or re-deposited.

Returned checks, when first dishonored, are to be sent immediately to:

CheckSavers
PO BOX 8021
Prairie Village, KS 66208

MERCHANT'S BANKING INFORMATION

Name of Bank _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ FAX _____

Bank Routing # _____ Account # _____

MERCHANT INFORMATION

Business Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ FAX _____

X _____

Signature(s) of Account Holder(s) Title ___/___/___ Date

IMPORTANT: IF YOU SHOULD HAVE ANY QUESTIONS REGARDING THIS AUTHORIZATION STATEMENT, PLEASE CONTACT OUR CUSTOMER SERVICE DEPARTMENT AT 1 (877) 208-9232. THANK YOU FOR YOUR ASSISTANCE.

Please sign and Fax back to us at (913) 381-5446 as confirmation.