

MailingEdge, Inc

Check Form

144 Regency Dr
Kingsport, TN 37663
423-228-2962
615-357-2240 Fax
sales@mailingedge.com

Electronic Payment Authorization Form

I authorize the Mailingedge, Inc. by **DIRECT DEPOSIT.**

Name as it appears on check _____

Address as it appears on check _____

Bank or Financial Institution: _____

Check # _____

Routing Number 1st set of numbers: _____

Account Number 2nd set of numbers: _____

Bank/Financial Institution: _____

Telephone #: _____

If You are a company we need your

Federal Tax ID Number _____ and your driver's license.

If you are a person we need your Drivers License Number _____

Amount you authorize to charge _____

SIGNATURE

By signing this form, I certify, under penalty of law that my answers to the questions on the certification form, whether paper or by telephone, are true and correct. I understand that I may be

subject to criminal prosecution if I provide false or misleading information. I understand and accept their terms.

YOUR SIGNATURE: _____ Date: _____