



**POLANER**  
SELECTIONS  
OPEN YOUR MIND & TASTE

## Check Draft Authorization Form

I \_\_\_\_\_ ( company DBA name) authorize Polaner Selections to initiate funds from the checking account only as indicated below. I also authorize my depository financial institution to honor these transfers.

Each debit will be phoned, faxed or emailed to Polaner Accounting department with a check # given by a representative of my company. A confirmation of the debit will be emailed back if phoned in. We will not initiate any payment without your authorization either by phone, fax or email.

I have read and agree to all of the terms and conditions on this page and any other contract or document that accompanies this agreement. I certify that I am the authorized account holder for this checking account. I understand this is a binding agreement and I will receive a copy of each check draft in my statement when the item has cleared.

I understand this is a legal binding agreement between Polaner Selections and \_\_\_\_\_  
(Company DBA name).

I understand that all returned checks are subject to a \$25.00 NSF Fee. This agreement will remain in effect until Polaner Selections receives my written notice of cancellation via mail, fax, or email.

\_\_\_\_\_  
Authorized Accountholder Signature

\_\_\_\_\_  
Print Authorized Accountholder Name

\_\_\_\_\_  
Date

F I N E   W I N E   I M P O R T E R S   A N D   W H O L E S A L E R S



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Attach a copy of a voided Check here to set up

Then Fax To: 914-244-0505

OR

Mail To: Polaner Selections Attn: Accounting

19 No. Moger Ave

Mount Kisco, NY10549

OR

Email To: [Accounting@PolanerSelections.com](mailto:Accounting@PolanerSelections.com)

19 NORTH MOGER AVE MT KISCO NEW YORK 10549 TEL 914 244 0404 FAX 914 244 0505

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