**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.

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Authorized Accountholder Signature Print Authorized Accountholder Name Date

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| **Attach a copy of a voided Check here to set up**Then Fax To: 914-244-0505ORMail To: Polaner Selections Attn: Accounting19 No. Moger AveMount Kisco, NY10549OREmail To: Accounting@PolanerSelections.com |