POLANER
SELECTIONS
OPEN YOUR MIND & TASTE

Check Draft Authorization Form

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

Please Check One Box (required)

☐   This authorization is valid for this transaction only.
         The transaction amount will be $ _____ (transaction amount required)

☐   This is an open authorization to allow debits to my account for amounts which will vary per transaction based on the order amount.

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.

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

POLANER
SELECTIONS
OPEN YOUR MIND & TASTE

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