

BANK MAIL RELEASE AUTHORIZATION

To: _____ (Bank) Date: _____

Address: _____

Phone: _____ Fax: _____

Dear Bank Officer:

I/We would like to change our current mailing address for **all returned checks**.

I/We hereby authorize you to mail all returned items to:


P.O. Box 11848
Lexington, KY 40578

Client#: _____ ► **Must be listed on each debit.**

Please forward all unpaid items **immediately after the first presentation** to the CHECKredi address above. Please send a secondary notice to us at the address below. Include the maker's name, reason for return and amount of check for our records. This new address and authorization will continue to be in effect until otherwise changed.

Your immediate attention and confirmation in this matter will be greatly appreciated.

Sincerely,

Authorized Signer: _____ Title: _____

Signature: _____

Authorized Signer: _____ Title: _____

Signature: _____

Account Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Routing #: _____ Account #: _____



P.O. Box 11848 • 406 Park Place • Lexington, KY 40578 • (859) 967-7334