



MERCHANT POINT

BANK AUTHORIZATION FORM

MERCHANT MUST Complete this Document with Signature and GIVE to their BANKER

(Bank Name and Address)

Merchant # _____

To: _____

Merchant Name: _____

Address: _____

_____ (ABA / Bank Routing Number)

_____ (Bank Telephone Number)

_____ (Bank Account Number)

_____ (Bank Fax Number)

_____ (Merchant's Telephone Number)

This letter authorizes the above bank to mail to **Global e Telecom** all dishonored checks and authorizes **Global e Telecom** to act as an agent for the above merchant. These checks are **NOT TO BE REDEPOSITED, BUT SENT IMMEDIATELY** to the following address:

Global e Telecom
PO Box 6867
Destin, Florida 32550

Effective as of check dates _____ and forward.

NOTICE: This authorization supersedes and cancels all prior authorizations for check forwarding.

The above bank is now released from any further liability for delivery of returned checks to the above merchant. This authorization will remain in effect until written notice of cancellation has been received by the bank from the above business or **Global e Telecom**.

Dated this _____ day of _____, 20 _____

_____ (Printed Name)

_____ (Title)

_____ (Merchant Signature)

Sales Representative: _____

Phone Number: _____