

## LETTER OF AUTHORIZATION FOR THIRD-PARTY CHECK FORM

To Whom it May Concern:

Please accept this letter as authorization to issue a check in the amount of \$ \_\_\_\_\_, as follows:

ACCOUNT NUMBER

ACCOUNT NAME

PAYABLE TO

MAILING ADDRESS OF RECIPIENT (IF APPLICABLE)

PICKED UP BY (IF APPLICABLE)

This check should be processed as a \_\_\_\_\_ (MONTHLY, QUARTERLY, ONE-TIME) check. If these are standing instructions, this authorization expires two years from the effective date.

By signing below, I certify that the instructions I have provided and/or examined on this form are accurate and complete.

Sincerely,

CLIENT'S NAME

SIGNATURE

DATE

CLIENT'S NAME

SIGNATURE

DATE