



• **NSF Check Processing**
a free service for businesses
The right product... the right price... the right time...

LETTER of AUTHORIZATION to BANK

TO:

Bank _____

Address _____ City _____ State ____ Zip _____

Contact _____ Phone _____ Fax _____

RE:

Merchant _____ Account# _____

Address _____ City _____ State ____ Zip _____

Contact _____ Phone _____ Fax _____

I / we hereby authorize the above-named bank to mail all returned checks on the above-named account to:

Last Echo, LLC
PO Box 361
Keene, NH 03431

RETURNED CHECKS ARE NOT TO BE REDEPOSITED

The bank is hereby released from any further liability of guaranteeing delivery of the aforementioned checks to the above-named merchant.

This letter also authorizes the Processor to act in the processing of the aforementioned checks.

This authorization applies only to returned checks and will remain in effect from this date forward until notice of cancellation has been received by the above-mentioned bank.

Authorized Signature: _____ Date _____

(Print Name:) _____

Please remember to attach a Voided Check



Note to Bank

As confirmation, please sign and return a copy of this document to the address above or FAX to: 603 719-6636

Processed by: _____ Date _____

Should you have any questions regarding this authorization, contact our customer service department at: 888 277-3027

Thank you for your assistance.