



(Add Your Company Information To This Form)

FAXED CHECK AUTHORIZATION FORM

DO NOT MAIL CHECK
TAPE COMPLETELY FILLED OUT
CHECK HERE

You will receive a copy of this transaction in your next months statement

_____ \$ Dollar amount of check.

I Hereby authorize Arrowear to debit my above referenced account for the total dollar amount shown. I understand that checks/drafts returned for non-sufficient funds (NSF) will be electronically debited from my account plus a \$25.00 return fee.