

ACCOUNT NUMBER				

# RETURNED ITEM

## BANK INSTRUCTIONS

### To Whom It May Concern:

The account holder indicated below hereby authorizes you the bank to **MAIL ALL NSF, STOP PAYMENT, CLOSED ACCOUNT, and ANY OTHER RETURNED ITEMS** after **FIRST FAILED PRESENTATION FOR PAYMENT** to:

Do not present items a second time.

This form supercedes any other contracts in place providing the same or similar services.

**First National Check**  
**620 Sea Island Road #182**  
**St. Simons Island, GA 31522**  
**888-554-5550 | 888-558-9916 FAX**

**A**

**CLIENT**

1	<b>Business Name</b>	_____
2	<b>Address</b>	_____
3	<b>City / State / Zip</b>	_____
4	<b>Phone</b>	_____
5	<b>Fax</b>	_____
6	<b>E-mail</b>	_____ @ _____
7	<b>Contact Name</b>	_____
8	<b>Routing Number</b>	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____  <b>ATTACH VOIDED CHECK</b> <input checked="" type="checkbox"/>
9	<b>Account Number</b>	_____ _____
10	<b>EIN</b>	_____  <input checked="" type="checkbox"/>
11	<b>Bank Name</b>	_____
12	<b>Signature</b>	_____
13	<b>Date</b>	____/____/____

**B**

**BANK**

14	<b>Bank</b>	_____
15	<b>Address</b>	_____
16	<b>City / State / Zip</b>	_____
17	<b>Phone</b>	_____
18	<b>Fax</b>	_____
19	<b>Contact Name</b>	_____
20	<b>Title</b>	_____
<b>RECEIVED BY BANK</b>		
21	<b>Signature</b>	_____
22	<b>Print Name</b>	_____

Please mail a copy of the bank debit/NSF memo to the indicated Account Holder's normal statement address as well. This address and authorization applies to **all returned checks** including but not limited to: NSF, all stop payment items, closed account items, and any other non-NSF checks. This is to remain in effect until cancelled by written notification to both the Bank and First National Check at above addresses. Should you have any questions regarding this authorization, please contact our **Client Service** department at **888-554-5550**.

INTERNAL USE	

