

CHECK BY FAX AUTHORIZATION FORM



TO: _____ DATE: _____

FROM: _____

PHONE: _____ FAX: _____

EMAIL: _____

RE: _____

The following signature and attached check (Check Number: _____) authorizes P.Q.L., Inc. to charge your bank account as per the attached check. **(DO NOT SEND A BLANK CHECK. YOU MUST FILL OUT YOUR CHECK COMPLETELY.)**

(ATTACH CHECK HERE)

AUTHORIZED SIGNATURE: _____

PRINT NAME: _____ DATE: _____

FAX THIS SIGNED FORM WITH ATTACHED CHECK TO: 877-619-7053
KEEP THE ORIGINAL CHECK FOR YOUR RECORDS.