



## Bank Release Authorization

As an authorized representative of the company and the account listed below, I/We hereby authorize and instruct you to mail **ALL** checks returned unpaid to Forte Payment Systems. **This bank release supercedes any previous Bank Release Authorization currently on file.** It is critical that these checks are forwarded after the first attempt at collection and that a second attempt is not made at collecting these items.

\_\_\_\_\_  
Authorized Signer on Account (Please Print)

\_\_\_\_\_  
Authorized Signer on Account (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone #/Fax #: \_\_\_\_\_

Transit Routing Number:

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Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Attention: **Commercial Accounts**

*This new address and authorization applies to all un-paid checks and is to remain in effect until cancelled in writing. Please include a copy of the bank debit in our normal regular bank statement.*

### PLEASE REMIT ALL UN-PAID CHECKS TO:

#### **Forte Payment Systems**

Attn: Direct Recovery Department  
2121 Providence Dr., Suite 151, Fort Worth,  
Texas 76106  
866-290-5400 / Fax: 469-675-8731