



# Check by Phone Blanket Authorization Form

## Customer Information

**Customer Number:** \_\_\_\_\_

\* Consumer ID

**Customer Name:** \_\_\_\_\_

\*Database Name

**Contact name:** \_\_\_\_\_

**Contact phone:** \_\_\_\_\_

## Bank Information

**Withdraw Funds:**

Weekly

Monthly

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

**Routing #:** \_\_\_\_\_

\*Consumer Receiving Bank ID

**Account #:** \_\_\_\_\_

\*Consumer Receiving Bank Acct No.

## Receipt/Invoice Information

**Receipt needed?:**

Yes

No

**Invoice copies needed?:**

Yes

No

*If yes, send to:*

E-Mail

Fax

## Customer Authorization

I do hereby authorize Hill and Markes, Inc. located at 1997 State HWY 5S, Amsterdam, New York 12010, by way of the following signature, to make periodic withdrawals to the account referenced above. This authorization will remain in effect until canceled by the authorizing signature only. It needs to be in writing, with a 10 days advanced notice.

**Authorized Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_