

Request for Check Form

To ensure your job is mailed on time, please fax us your check to (208) 345-4765. We will process your completed and signed check via "Check Writer". We enter all your check information and print out a substitute check to deposit. Checks returned due to non-sufficient funds are subject to a \$25.00 return check charge. ***Please do not post date or write "VOID" on your check.***

In order to process your check you must complete this entire form.

Customer Name	
Check Date	Please do not post date your check.
Check number	
Account number	
Routing number	
Amount of the check	
Invoice number	

Please attach your COMPLETED & SIGNED check below:

<p>Tape original check here</p> <p><i>Do Not Write Void On Your Check</i></p> <p>Please do not reduce check size. Please ensure all check information is readable and check is signed.</p>
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I authorize ESP Printing & Mailing to process my faxed check via "Check Writer" which will create a substitute check that ESP Printing & Mailing will use to deposit immediately. In addition, I authorize ESP to process my check even if the word "Void" is imbedded on it. **I also understand not to mail the original check as this may cause a double deposit of the same check.**

Print name of person
authorizing Check by Fax: _____

Signature of person
authorizing Check by Fax: _____