

Letter of Authorization

To Bank Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Bank Contact: _____

From Business Name: _____

Bank routing number: _____

Bank account number: _____

Business Address: _____

Business City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

You are directed not to re-deposit any returned items to this business account. You are authorized and directed to fax or mail all returned items to:

eTech Transaction Solutions, Inc.
375 Collins Rd. N.E., Suite 16
Cedar Rapids, IA 52402
Fax: 425-962-9101 • Phone: 319-378-9137

If in the event the above-named bank has any previous check processing agreements with the above account, this combined document will also serve as a **Letter of Notification for Cancellation** of any previous return check processor agreement.

The bank is hereby released from any further liability of guaranteeing delivery of the aforementioned checks to the above named merchant.

eTech Transaction Solutions, Inc. is hereby authorized to process said returned items for payment in accordance with the Rules and Regulations set forth by the U.S. Federal Reserve and the National Automated Clearing House Association (NACHA)

This Letter of Authorization will remain in effect until canceled in writing.

Name: _____

Signature: _____

Date: _____

Complete one letter of authorization for each operating account.