

# Quality Shadez

3350 E 7<sup>th</sup> St #526  
Long Beach, CA 90804  
TEL: 951-415-5054  
FAX: 562-299-5526

## Check Draft Authorization Form

I \_\_\_\_\_, hereby authorize **Quality Shadez**,  
to duplicate the attached, or otherwise provided check, in bank draft form.

This authorization is valid for this transaction only.

The transaction amount will be for exactly \$ \_\_\_\_\_

This is an open authorization to allow debits to my account  
in check draft form for balance due on my account or future orders.

Bank Institution Name \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Routing No. \_\_\_\_\_

Account No. \_\_\_\_\_

I have read and agree to all of the terms and conditions on this page and any other contract or document that accompanies this agreement. I certify that am the authorized account holder for this checking account. I understand this is a binding agreement and I will receive a copy of each check draft in my statement when the item has cleared.

I understand this is a legal binding agreement between **Quality Shadez** and,

I also understand that if my item or items, are returned unpaid for any reason, including, but not limited to, NSF, uncollected funds, invalid or closed account, stop payment, or any other reason, **Quality Shadez**, will attempt to redeposit the item or items, and may choose to assess a returned check charge in the same or separate draft for \$25, or the maximum returned check charge allowed in your state.

\_\_\_\_\_  
Authorized Accountholder Signature

\_\_\_\_\_  
Date