



6467 Waldon Center Drive • Clarkston • MI • 48346 • 800-232-4273

Express Check

Authorization form

To:

From:

Fax:

Date:

This form authorizes Chase Plastic Services, Inc. to reprint and deposit check number _____

in the amount of \$ _____ on this date _____. Attached is a signed copy of the check.

(The check must be signed in order to process).

Chase Plastics Credit Department will need both this form and the signed check **e-mailed or faxed** back to:

E-MAIL dsexton@chaseplastics.com or FAX: **248-620-7677**

Please do not mail the Express check. If you mail the check, there is a possibility that the bank will clear both checks. Keep check for your records.

Thank you,

Debbie Sexton

Credit Manager

Chase Plastic Services, Inc.

E-MAIL dsexton@chaseplastics.com or FAX: **248-620-7677**