

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](mailto: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](mailto:dsexton@chaseplastics.com) or FAX: **248-620-7677**