



PROCESS IMMEDIATELY
AUTHORIZATION STATEMENT

This authorizes

_____ (name of merchant's bank) to mail to **eCollect, Inc.** all checks that have been given to us by our customers that have been returned unpaid by their bank. **These checks are not to be held or redeposited.** They are to be sent immediately when first dishonored to:

eCollect of Ohio, Inc.
320 Alpha Park
Highland Heights, OH 44143

This authorization supersedes and cancels all prior authorization and instructions for check forwarding. This authorization will remain in effect from this date forward until the above named bank has received written notice.

Name of Merchant's Bank _____	
Address _____	
City, State, Zip _____	
Phone _____	Fax _____
Merchant's Business Name _____	
Address _____	
City, State, Zip _____	
Bank Routing # (9 digits) _____	Acct.# _____

X _____
Signature(s) of Account Holder(s)

Printed Name/Client	Title	Date
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IMPORTANT: IF YOU SHOULD HAVE ANY QUESTIONS REGARDING THIS AUTHORIZATION STATEMENT, PLEASE CONTACT OUR CUSTOMER SERVICE DEPARTMENT AT (888) 569-6001. THANK YOU FOR YOUR ASSISTANCE.