

Company Name _____

Client/Co # _ _ _ _ - _ _ _

Today's Date ____/____/____

Rescue-Check Form

***** Important Note *****

Please remember, you are responsible for the security of these checks and the data that they contain. Please secure them appropriately.

1 Number of Checks requested	
2 Per Check Charge	
3 Other Charges	
TOTAL CHARGES	

The individual whose name appears below warrants that he or she possesses the full power and authority to execute this form.

Authorized Agent Name

Title

Authorized Agent Signature

Date