

Company Name _____

Client/Co # _____ - _____

Today's Date ____/____/____

RescueCheck 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