

CHECK AUTHORIZATION FORM

I hereby authorize **Webber & Associates, Inc.**, a Georgia corporation, to duplicate the attached check in bank draft form. I understand that I will receive by mail or fax, a Check Authorization Notice, notifying me that a duplicate bank draft has been deposited on my behalf for said payment. I will retain my original copy as a record of this transaction.

I understand that the Payee or authorized agent of Payee will sign the bank draft as my agent for this transaction only.

This authorization is valid for this transaction only. No other bank drafts may be created without my/our direct written or verbal authorization.

Dated: _____ Signed _____
Authorized signature

(Apply tape at top of check only)

TAPE YOUR CHECK HERE

Note:
MAKE CHECKS PAYABLE TO WEBBER & ASSOCIATES INC.

Instructions:

- 1) Fill out your check as if you were mailing it to us.
- 2) Sign and date this form.
- 3) Use tape to attach your check to this form (or photocopy).
- 4) FAX (or scan and email) this form with completed check to us at (770) 993-3263.
- 5) Keep the check for your records. Do not mail it to us.

**Remember to record the transaction in your check register.
Call with any questions: (770) 993-3550**