

## **CHECK VERIFICATION FORM** FOR ACH/EFT



## \*\*\* IMPORTANT!\*\*\*

## THE BELOW INFORMATION IS NECESSARY TO EXPEDITE YOUR CREDIT TERMS APPLICATION

I authorize Eastern Wholesale Fence LLC to retain the checking account information listed below solely for the purpose of verifying funds. This information will be kept on file until Eastern Fence receives written notification to terminate this authorization. Eastern Wholesale Fence will not share this information with any other company or entity.

I agree to notify Eastern Wholesale Fence of any changes in my financial institution of account number.

I acknowledge that Eastern Wholesale Fence LLC charges a \$35 fee for each returned check.

COMPANY NAME	BILLING AI	BILLING ADDRESS		
CITY	STATE	PHONE	FAX	
BANK NAME		BANK CONTACT NAME		
ACCOUNT	TYPE: CHI	ECKING   SAV	/INGS 🗆	
BANK PHONE NUMBER		NAME ON ACCOUNT		
ROUTING / TRANSIT / ABA#		CHECKING / SAVINGS ACCOUNT NUMBER		
PLEASE IN	ICLUDE	A VOIDED	CHECK	
2. Your bank account number is usually to the right o    : □	se attach a sample ch	eck and mark it as VOID. Co	ustomers of credit unions should verify their the checks.	
PRINTED SIGNATURE				
TITLE				
<b>DATE</b>	_			
PLEASE MAKE SURE EVERYTHI	*** <b>IMPOF</b> NG ABOVE IS FIL		AXING YOUR APPLICATION	
Would you like to keep	_			

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