



1333 N. 27th Street
P.O. Box 2560
Billings, MT 59103-2560
406-252-6371
800-231-1971
Fax: 406-252-6370

1737 Sheridan Ave, Suite 226
P.O. Box 1735
Cody, WY 82414-1735
307-587-5059

BANK AUTHORIZATION

TO:

(Hereinafter Referred to as ABank@)

Street Address

City State Zip

RE:

(Hereinafter Referred to as AMerchant@)

Street Address

City State Zip

Bank Account Number: _____

This letter authorizes the Bank to forward all checks deposited to the above referenced account, that are returned unpaid, to Credit Service Company, Inc., PO Box 20661, Billings, MT 59104. Returned checks are not to be redeposited.

The Bank is hereby released from any further liability of guaranteeing delivery of the aforementioned returned checks to Merchant.

This letter also authorized Credit Service Company, Inc. to act as agent for Merchant in the processing of the aforementioned checks.

This authorization will remain in effect from this date forward until written notice of cancellation has been received by Bank.

Dated this _____ day of _____, 20_____

Merchant Signature: _____,

Title _____