



**CHECK BY PHONE AUTHORIZATION FORM**

Date \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

Ph # \_\_\_\_\_

Ph # \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

Please use this form as our written authorization to process a check:

Acct Name \_\_\_\_\_ **HR2 Acct #** \_\_\_\_\_

**Name and address as it appears on Check:**

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Check Number to be used: \_\_\_\_\_ Check Amount \$ \_\_\_\_\_

Routing # (See sample below) \_\_\_\_\_

Account #(See sample below) \_\_\_\_\_

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Authorized by: \_\_\_\_\_

**Invoices to be Paid:**

Invoice #	Amount	Invoice #	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*\*\*\*\*NO PROCESSING FEE\*\*\*\*\*