



# FAX-A-CHECK CHECK DRAFT AUTHORIZATION FORM

I \_\_\_\_\_ authorize Orion Wholesale to initiate funds from the checking account indicated below. I will also authorize my depository financial institution to honor this transfer.

## Here's how Fax-A-Check works:

- Write a regular check made payable to Orion Wholesale.
- Attach the completed check to this form.
- Sign this form in two places and write the date in one place.
- Write your company name on the line in the middle of this form.
- Fax this completed document, with check attached, to 1-812-288-5569.  
You keep the original check for your records.

I have read and agreed to all of the terms and conditions on this page. I certify that I am the authorized account holder for this checking account. I understand this is a binding agreement and I will receive a copy of each check draft in my statement when the item has cleared.

I understand this is a legal binding agreement between Orion Wholesale and,  
\_\_\_\_\_ (your company name).

I understand that all returned checks are subject to a \$30.00 NSF Fee.

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(Authorized Accountholder Signature *\*Required\**)

(Date *\*Required\**)

**Attach your check here (required) Then Fax to**

**1-812-288-5569**

**If you have questions email**

**orionar@orionwholesaleonline.com**

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