



**BANK FORWARDING AUTHORIZATION
RETURNED CHECKS**

To Merchants Bank: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Dear Bank Officer:

Effective this date ____/____/201__, I would like to change the current mailing address for all checks deposited into **Routing #** _____, **Account #** _____ that are subsequently not honored for reasons of **“Insufficient Funds”** or **“Uncollected Funds”** when presented to the maker’s financial institution. Our company hereby authorizes you to mail all such dishonored items directly to:

**SECURE PAYMENT SYSTEMS
P.O. BOX 261149
SAN DIEGO, CA 92196-1149**

FIRST PRESENTATION – Please forward unpaid items immediately after the first presentation for payment and determination of uncollected or insufficient funds to Secure Payment Systems at the above address. The checks are not to be held or re-presented. This new address and authorization supercedes and cancels all prior authorizations and instructions for check forwarding and will continue in effect unless revoked in writing. Your immediate attention and confirmation of this matter would be greatly appreciated.

DUPLICATE DEBIT ADVICE – Please forward a copy of each debit advice to our current mailing address so that we will know what you are mailing to Secure Payment Systems on our behalf.

Authorized Signer _____ Title: _____
Signature

Authorized Signer _____
Please print your name

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

IMPORTANT: FOR QUESTIONS REGARDING THIS BANK RELEASE AUTHORIZATION FORM PLEASE CONTACT THE CUSTOMER SERVICE DEPARTMENT OF SECURE PAYMENT SYSTEMS DURING NORMAL BUSINESS HOURS (PST) AT: **1-888-313-7842**.