

**Forward this form to: Commercial Accounts Representative  
Return Items Authorization**

**TO:** Bank: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
(Merchant's Bank Name)

Contact Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

I/we hereby authorize and instruct you to mail all return items after **first** presentation for payment and determination of uncollectable funds to Electronic Check Alliance processing. It is important that you forward these items after the first presentation; **Do not attempt to present each item a second time.**

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank RTN: \_\_\_\_\_

PLEASE REMIT ALL RETURNED ITEMS TO:



PO Box 11697, Murfreesboro, TN 37129  
Toll Free: 800-641-9998 Fax: 615-869-0189

**This new address and authorization applies only to return items and is to remain in effect until canceled in writing.**  
*Please include a copy of the bank debit in my/our statement.*

\_\_\_\_\_  
(1<sup>st</sup>) Authorized Signer on Account (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
(1<sup>st</sup>) Authorized Signature on Account

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
(2<sup>nd</sup>) Authorized Signer on Account (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
(2<sup>nd</sup>) Authorized Signature on Account

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_