

## **Check Upon Request Authorization Form**

Date	
Griffin Account Number	
Name on Check	
Billing Address on Check	
Name of Financial Institution	
Routing Number	
Frequency of Transaction	
Starting Date	
Provide Fax or Email for Receipt	
For Personal Checks (Required)	
Driver's License State	
Driver's License Number	

TAPE CHECK HERE

Please write out your check as normal and tape the check to this form. Fax or email the completed form to **978-674-5959** or <u>checkuponrequest@griffinmail.com</u>.

To avoid duplicate payment, please do <u>**NOT**</u> mail the original check. There is a \$25.00 fee if the check is returned.

Any questions or concerns please contact Christine Talbot at 978-513-7037.