

# Check Draft Authorization Form

I hereby authorize Trace Communications, LLC to duplicate the attached, or otherwise provided check, in bank draft form.

- This authorization is valid for this transaction only.  
The transaction amount will be for exactly \$ \_\_\_\_\_
- This is an open authorization to allow debits to my account  
in check draft form for balance due on my account or future orders.

I have read and agree to all of the terms and conditions on this page and any other contract or document that accompanies this agreement. 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 Trace Communications, LLC and, \_\_\_\_\_.

\_\_\_\_\_  
Authorized Accountholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Printed** Name of Check Signature

TAPE YOUR CHECK HERE

Then Fax your order to:

(419) 831-5591