



Legal Returned Item Release Authorization

Bank legal requirement: I hereby authorize and instruct _____
Bank to send all NSF checks and returned ACH (EFT) items to:

**SeeTek, LLC
c/o SeeTek Services LLC
PO Box 371980
Denver, CO 80237**

Please call 888-339-6062 for electronic delivery instructions.

This address and authorization supersedes and cancels all prior authorizations and instructions. This authorization applies to all return items and is to remain in effect until canceled in writing. Please forward all NSF return items **after the first presentment**. The Merchant authorizes the Processor to initiate credit/debit entries to its checking account for providing the service.

******Do Not Present Items a Second Time******
If you have any questions, please contact 1-888-339-6062

BANK INFORMATION

Bank Name _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

***Bank Fax (____) _____ Contact Name _____

MERCHANT INFORMATION

Merchant (Account Name) _____

Address _____ City _____

State _____ Zip _____ Phone (____) _____ Fax (____) _____

Routing # (9 digits) _____ Account # _____

Merchant Authorized Signature _____

Print Name _____ Title _____ Date _____

******MERCHANT INSTRUCTIONS:** Please complete and sign both pages, then email to: ePaySignUp@SeeTekCorp.com or fax back to: 1-866-867-4563