



6800 East Baltimore Street | Baltimore, MD 21224
TEL (410) 633-6800 | FAX (410) 633-4325

**ELECTRONIC CHECK
AUTHORIZATION FORM**
(E-check payment via fax/email)

Please print legibly or type. Include a check if possible.

| ACCOUNT OWNER INFORMATION | | | | |
|---------------------------|--------|------|-------|-----|
| NAME | | | | |
| ADDRESS: STREET | COUNTY | CITY | STATE | ZIP |
| PHONE NUMBER | | | | |

| BANK INFORMATION | | | | |
|------------------|--------|----------------|-------|-----|
| NAME | | | | |
| ADDRESS: STREET | COUNTY | CITY | STATE | ZIP |
| ROUTING NUMBER | | ACCOUNT NUMBER | | |
| CHECK NUMBER | DATE | AMOUNT | | |

| SIGNATURE | |
|---|------|
| <i>Authorizing signature signifies that funds are to be deposited immediately and that he/she is an authorized agent of the account and thus has the authority to make such transactions. This information is not kept on file, and must be submitted on each and every payment transaction.</i> | |
| AUTHORIZED SIGNATURE | |
| PRINTED NAME | DATE |