

# HONS INVESTIGATIONS

P.O. Box 6315  
Grand Forks, North Dakota 58206-6315  
701-775-7704 \* 701-775-8062 (Fax)

## CHECK AUTHORIZATION FORM

I wish to authorize the purchase of services from Hons Investigations using this check authorization form. I hereby authorize Hons Investigations to duplicate the attached check in bank draft form for the amount shown on the attached check. I will retain my original copy for my record of this transaction.

This authorization is valid for this transaction only. No other bank drafts may be created without my direct written authorization. PLEASE PRINT LEGIBLY and fill out all information.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Your Phone number: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Your bank account number: \_\_\_\_\_

Your bank's routing number: \_\_\_\_\_

Your ABA Code (upper right hand corner usually, : xx-xxx/xxxx) \_\_\_\_\_

Your Bank's phone number: \_\_\_\_\_

Your Bank's Address: \_\_\_\_\_

Place check below and fax to 701-775-8062