Important Information:

1. Before using this document, please make extra copies for future use.
2. When using this document, please keep a copy of your fax confirmation for your records in case there is a dispute.
3. If you have changed bank accounts you will need to complete a new Payment Method Authorization Form to ensure the funds are withdrawn from the correct account.

ElectroniChek

Fleet One, L.L.C., Powered by TransPlatinum Service Corp., will only process payment upon receipt of this correctly filled out check.

This Check Pays:	
Invoice #	**Amount**

Pay to the order of Fleet One, L.L.C.

The sum of _____ Dollars $_____

Company Name_____ Your Check #_____

Fleet One Account #_____ Date _____/_____/____

Authorized Signature_____

Bank Name_____ ABA #_____ Account #_____

FOR OFFICE USE ONLY

Credit Date_____/_____/_____ Debit Date_____/_____/_____ Initials_____

For **SAME DAY** credit, fax to 800.347.8329 during regular business hours which are 8:00AM - 4:30PM Central Time, Monday through Friday.

For **OVERDRAFT**, fax payment to 615.315.4008 after regular business hours and during holidays. If funds are used, there will be a $25.00 per transaction fee.