



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have changed bank accounts you will need to complete a new Payment Method Authorization Form to ensure the funds are withdrawn from the correct account.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. 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 # _____

Is this the same bank information on your agreement? If not, funds could be pulled from the wrong account.

FOR OFFICE USE ONLY

Credit Date ____/____/____ Debit Date ____/____/____ Initials _____

For **SAME DAY** credit, fax to 877.357.7587 during regular business hours which are
8:00AM – 4:30PM Central Time, Monday through Friday.

If payment is sent after regular business hours, please fax to 615.315.4008.