



# Check Draft Authorization Form

I, \_\_\_\_\_, authorized account holder, do hereby authorize **GT Distributing** to duplicate the attached, or otherwise provided check, in bank draft form.

**This is an open authorization to allow debits to my account in check form for amounts which will vary per transaction based on the order amount at delivery.**

In lieu of a check number, GT Distributing will use the invoice number as a reference for payments processed. I have read and agree to all the terms and conditions on this page, and any other contract or document that accompanies this agreement. I certify that I am the authorized account holder for this check account.

I understand that this is a legal binding agreement between **GT Distributing and**

\_\_\_\_\_ (company/store name).

(Please print)

This agreement will remain in effect until GT Distributing receives my written notice of cancellation via mail, fax or email. In the event bank account information change (new account, change of bank, etc.), I agree to promptly notify GT Distributing of such change.

I understand that any check payment returned from the customer's account, the entire amount due plus **applicable service charge** will become due and payable immediately. I also understand that a second occurrence within 90 days will result in discontinuation of delivery and/or alternate pre-payment arrangements.

\_\_\_\_\_  
Authorized Account holder Signature

\_\_\_\_\_  
Date

**Tape Voided Check Here**

**Then Fax to (352)342-9022**

**Or**

**Email to: [sales@gtdistributing.com](mailto:sales@gtdistributing.com)**