

Creative Innovations Marketing, Ltd.

11125 Park Blvd. Suite 104-134 ♦ Seminole, FL 33772

Customer Support: 727-393-7724 ♦ Fax: 888-830-9736

Email: support@cimonline.com

Check-By-Fax Authorization Form

Based on your authorization, your banking information will be kept confidential. A check draft will be produced as a replacement for the amount of your payment. Note: This check draft will be treated as if you had mailed it in. The check draft will be deposited and it will be processed through your bank for payment, just as one of your checks in your checkbook.

Please complete the following:

I, _____ (name – please print) give Creative Innovations Marketing, Ltd. (CIM) permission to use check # _____ in order to debit my account in the amount of \$ _____, in their check-by-fax program as described above.

Signature

Date

Tape your check in the box below and fax your order form along with this check-by-fax authorization form to: **888-830-9736**

- TAPE CHECK HERE -

Keep this form as your original copy for your records. It is not necessary to mail this form with check.

Bank Name and Phone Number	Transit Code	Check Number
My Name My Address My City, State ZIP	_____	101
Pay to the order of _____	_____	19 _____
The Bank Name Bank Address	_____	\$ _____ Dollars
I: 123456789 I: 12 34567890 II: 101		
9 Digit Bank Routing Number		Your Account Number

Please write the **Routing & Account** number shown on your check for verification, as the clarity of numbers is sometimes lost during a fax transmission.

Bank Name _____ City _____

Routing # _____ (1st set of 9 numbers on the bottom of your check)

Account # _____ (2nd set of numbers on the bottom of your check)