

ST. GEORGE WAREHOUSE INC.

www.STGUSA.com

PLEASE FILL IN STG LOCATION: _____

CHECK -BY-FAX AUTHORIZATION (CBFA Less than \$1,000.00)

Please Note: Payments in excess of \$1,000 must be in the form of Certified Check or Wire Transfer

****All FIELDS are REQUIRED information****

Date: _____ **STG PICKUP NO.:** _____

Customer/Broker Ref Nbr: _____

I, _____
(Print Name and Title)

of _____ CHB# _____
(Company Name) (CHB# REQUIRED!)

DO give St. George Warehouse (STG) my permission to use our company

Check Nbr: _____

in order to DEBIT MY BANK ACCOUNT in the amount of: \$ _____
into STG CHECK-BY-FAX program as described below.

Signature: _____ Date: _____

Phone number: _____ Ext: _____

Based on your authorization by fax/phone, a STG CHECK DRAFT will be produced as a replacement in lieu of the FAXED COPY of your check mentioned above and copied below. The payment will be deposited TODAY and will be a CHECK DRAFT. This CHECK DRAFT will be RETURNED TO YOUR BANK FOR PAYMENT same as if it was a check issued from YOUR OWN ACCOUNT. The copy of YOUR FAXED CHECK will remain with your office until the CANCELLED CHECK DRAFT is received by your office.

Your faxed check below is REQUIRED as YOUR AUTHORIZATION and AGREEMENT of the above. As usual, all BANK INFORMATION is kept confidential and this authorization is good ONLY FOR THE AMOUNT and CHECK mentioned below. PLEASE DO NOT SEND STG THE CHECK BELOW as it is to be USED BY YOUR OFFICE for BANK REC ONLY. **BROKERS ARE REQUIRED TO INCLUDE THEIR CHB LIC NBR ABOVE!!!!**

Tape your COMPANY CHECK below (STG PICK UP NBR/REF NBR must appear on check) or ATTACH CLEAR COPY OF CHECK TO THIS FORM. INFO BELOW MUST BE AVAIL:

THE CHECK MUST INDICATE THE FOLLOWING (Otherwise we cannot accept)

1. Your Company name
2. Your company full address
3. Your company city, state, zip
4. Bank Name
5. Bank city, state, zip
6. ABA NUMBER (Smaller numbers, usually appears on upper right hand corner of your check)

*****PLACE CHECK HERE OR ATTACH*****