



Check Draft Authorization Form

I _____ authorize Compass Flooring Distributors Inc. to initiate funds from the checking account indicated below. I also authorize my depository financial institution to honor these transfers.

Please Check Box (required)

This authorization is valid for this transaction only.

The transaction amount will be \$

(transaction amount required)

I have read and agree to all of 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 checking account. I understand this is a binding agreement and I will receive a copy of each check draft in my statement when the item has cleared.

I understand this is a legal binding agreement between Compass Flooring Distributors Inc. and I understand that all returned checks are subject to a **\$35.00 NSF Fee**. This agreement will remain in effect until Compass Flooring Distributors Inc. receives my written notice of cancellation via mail, fax or email.

Authorized Accountholder Signature (required)

Date (required)

Attach Your Check Here (required)

Then Email To: accounting@compassflooring.net