



Instant Check Form

This form authorizes StoneRiver FSC, Inc. to initiate an electronic debit to my Checking or Savings Account in the amount listed below. I understand that this is a one-time authorization and must be completed each time that I wish to make a payment. In addition, I understand that if this check is returned for any reason, a \$35.00 fee will be charged to my account.

Agency Information

Date: _____ FSC Customer Number(s): _____
(main office)

Agency Name: _____

Name on check: _____

Street Address: _____

City, State, ZIP: _____

Phone Number: _____ Billing Email Address: _____

Check Information

Check Number: _____ Bank Name _____

Bank City and State: _____

ABA Number: _____
(Found at the top of the check. 2 digits, dash, 2 digits – example 16-66)

Routing Number: _____
(First nine digits from left to right on bottom of check)

Account Number: _____

Check Amount: _____

Authorized by: _____

Please fax completed request to our Accounting Department at: (818) 706 1738