

CHECK AUTHORIZATION

Please fill out the form below and email a completed copy to check-payments@graebelmoving.com.

I, _____, authorize Graebel Van Lines to initial funds transfer from the checking account indicated below. I authorize my depository financial institution to honor these drafts.

Please Check One Box (required)

- This authorization is valid for this transaction only.
The transaction amount will be \$ _____ (transaction amount required).
- This authorization is valid for the following transactions (see below).
The transaction amount will be \$ _____ (transaction amount required).
- Weekly Payment Bi-Weekly Payment (every other week)
 Monthly Payment Bi-Monthly (1st & 15th of each month)
 First Day of the Month Last Day of the Month

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 checking account. I understand this is a binding agreement. I understand that all returned or disputed checks are subject to a \$35.00 fee. My account can also be assessed late charges on any past due balance as the result of a returned check. This agreement will remain in effect until Graebel Van Lines receives my written notification of cancellation via mail or email.

CONTACT INFORMATION	Graebel Van Lines Representative (if known): _____
	Customer # (if known): _____
	Customer Contact Name: _____
	Customer Contact Job Title: _____
	Customer Contact Phone # _____ Email Address: _____
PAYMENT INFORMATION	Move ID or Order # _____ Invoice # _____
	Name on Check: _____
	Street Address: _____
	City, State and ZIP: _____
	Amount of Check: \$ _____ Date of Check: _____ Today's Date: _____
	Routing # _____ Account# _____
	Bank Name: _____ Check # _____
	Recurring Payment Starts: _____ 20____ Payment Amount \$ _____ # of Payments: _____

Great Move.™



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VAN LINES

OPTIM™
WORKSPACE