

**Serves "R" Us,**  
**Check Payment Form: Fax to (916) 405-3808**

I , authorize **Serves R Us** to initiate funds from the checking account indicated below. I also authorize my depository financial institution to honor these transfers.

**This authorization is valid for this transaction only.**

**The transaction amount will be \$**   
(Be sure to include additional \$10.00 processing fee)

I have read and agree to all of the terms and conditions on this page. 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 Serves R Us and,

I understand that all returned checks are subject to a \$25.00 NSF Fee. This agreement will remain in effect until Serves R Us receives my written notice of cancellation via mail, fax or email.

\_\_\_\_\_  
Authorized Account holder Signature (required)

\_\_\_\_\_  
Date (required)

Attach Your Check Here (required)

Then Fax To: (916) 405-3808