

**CHECK BY FAX AUTHORIZATION**

**Fax to: 1-888-317-4874**

This Check-by-Fax form provides a convenient way for you to expedite payment to **couponzu.com**. Execute a check payable to **couponzu.com** for the full amount of your invoice, as well as any penalties due.

**Attach the check to this form in the location below.**

PLEASE ATTACH YOUR CHECK HERE

Complete the information requested on this form, including a signature authorizing **couponzu.com** to accept and negotiate the facsimile copy of the check in place of the actual check. Fax the document and the attached check to the above provided fax number. **DO NOT MAIL THE ORIGINAL CHECK.** I authorize **couponzu.com** to accept the check above and to debit the bank account indicated according to the instructions on the draft/check

By presenting us with a copy of your check by fax or in scanned/electronic methods, you, you have also agreed to pay a Non-Sufficient Funds (NSF) fee of \$25 if your bank rejects or dishonors your payment due to insufficient funds. If your payment is rejected by the bank, we may resubmit your original check amount plus the \$25 fee.

**FAXING THIS FORM CONSTITUTES YOUR AUTHORIZATION TO NEGOTIATE THE FACSIMILE CHECK. THE SIGNATURE ON THE CHECK MUST MATCH THE SIGNATURE ON THE FORM.**

Checking Account/Check No.: \_\_\_\_\_

Your Name and Contact Phone No.: \_\_\_\_\_

**Name and User's ID of a Distributor or an Agent who had referred you to us:**

Name \_\_\_\_\_ User ID \_\_\_\_\_ (Leave blank if no Agent)

**Your Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_