



## Check Authorization Form

Please complete and sign this form to authorize West Henly Materials to fill in the amount on the signed check given to us, by you, for payment at the end of a week.

By signing this form, you give us permission to fill in the amount on the signed check for the amount indicated on your invoice(s) at the end of the week.

\_\_\_\_\_  
Today's Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ (if applicable)

Your Full Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_

Main/Office Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

(We will email your paid invoice(s) to you)

Name of person signing the check: \_\_\_\_\_

DOB of person signing the check: \_\_\_\_\_

DL# of person signing the check: \_\_\_\_\_

DL Expiration date of person signing the check: \_\_\_\_\_

Phone # of person signing the check: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize West Henly Materials to fill in the amount on the signed check indicated in this authorization form per the terms outlined above. This payment authorization is for the goods/services described above, for the amount stated on invoices provided to the customer. I certify that I am authorized to use these checks and that I will not dispute the charge with my bank: so long as the transaction corresponds to the terms indicated in this form. This authorization remains in effect until written request by customer is submitted to change or cancel.