EDEXIS
Trusted Solutions.

EDEX INFORMATION SYSTEMS

EDEXIS.COM
255 New York Ranch Rd
Jackson CA 95642
209.223.3461
866.438.3339

Request for Check Printing Authorization

Complete this form and the Signature Authorization to request check printing privileges for your account.

I authorize EDEX Information Systems, Inc ("EDEXIS") to generate printed bank checks using the account names, account numbers, check numbers and routing numbers of my financial institutions. I agree to only add checking accounts which I have the legal authority and authorization to issue checks from, and acknowledge that I am responsible for providing true and accurate checking account data for each checking account I link to EDEXIS. For security purposes, I understand that I am required to create an Authorization Code ("Auth Code") for each checking account I add, and this Auth Code must be entered each time a check is ordered. I agree to keep my Auth Codes secure, and treat them similar to a debit card PIN number. I agree to only provide my Auth Codes to trusted employees or users of my account whom I allow to create checks from my accounts. I agree to change my Auth Code(s) regularly.

I understand that I am required to add a contact person name and email address for each checking account I add, and authorize EDEXIS to notify this person by email each time a check is ordered from my account. I understand that this email notification will contain information about the check ordered, including the check amount, payee information, check number, bank account and other data. I agree to keep this contact person and email address up-to-date at all times.

I agree to immediately notify EDEXIS in the event I suspect improper use or fraud of any type related to my EDEXIS account or any checking accounts I have linked to EDEXIS. I acknowledge that we may be unable to cancel a check printing order with EDEXIS prior to mailing, and we may be required to contact our financial institution to request a "stop payment" on a check if required. In such cases, I will not be entitled to any refunds or credits from EDEXIS for the check printing and mailing charges for the order.

I understand that EDEXIS may suspend my check printing privileges at any time without notice if it suspects fraud or other suspicious activity on my account, or for actual or suspected violations of the current or amended EDEXIS Terms of Use (view Terms of Use at edexis.com/resources.htm).

_____
Company Name:

_____
Authorized Representative Name (Printed):

_____
Date:

_____
Contact Name:

_____
Signature of Authorized Representative

_____
Email:

EDEXIS Check Printing Authorization Form   Updated 09/28/2023

EDEXIS
Trusted Solutions.

EDEX INFORMATION SYSTEMS

EDEXIS.COM
255 New York Ranch Rd
Jackson CA 95642
209.223.3461
866.438.3339

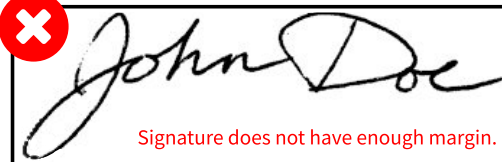# Signature Authorization

Select One

☐ Use the text phrase *"AUTHORIZED SIGNATURE ON FILE"* in leiu of a signature image.

> Note: Some banks, courts, or other recipients may not accept checks issued with the phrase **"Authorized Signature on File"** as a signature.

☐ Use my signature image below: (see instructions below for signature examples)

SIGNATURE EXAMPLES / INSTRUCTIONS:
1. Use a black Sharpie or similar bold ink pen.
2. Sign completely inside the box, allowing a small margin between your signature and the border.

Signature is too small and light.

Signature goes outside the border.

Signature does not have enough margin.

I hereby authorize EDEX Information Systems to apply my chosen signature above to all checks issued on our behalf as part of an EDEXIS order.

_____
Signature of Authorized Representative

_____
Date