**VIRTUAL CHECK FORM**

**Please fill in all the mandatory fields, exactly as they appear on your check, and then use your browser's print button to print this form. Then FAX the printed form to 712.258.2184. You may then use your "back" button to return to our site.**

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**Email Address:** 

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| **Your Name or Company Name****Second Name, if applicable Your Street Address****Your City, State, Zip****Your Daytime Phone** | **Bank Name****Bank Branch ( Only if indicated on your check )****Bank Street Address****Bank City, State, Zip****Bank Phone Number** | **Check Number****Fractional Code    Example: 44-77/4346 01****DATE: Actual Submission** |
| *Pay to the order of:****---Mills-Shellhammer-Puetz & Associates---***    **Amount:$**   ***Pay Exactly***  **Example: Thirty nine dollars and 95/100** |
| *Memo:* |  **Routing #** **Account #**         |

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| **Routing and Account Numbers are found at the very bottom of your check. The routing numbers are nine digits.**            Comments:    |
|  |

Signature: Date:  **I hereby authorize Mills-Shellhammer-Puetz & Associates, Inc. to initiate debit****entries from my account indicated above under the Rules of the National Automated****Clearing House Association. This authorization will remain in effect until written****notice of discontinuance is given to Mills-Shellhammer-Puetz & Associates, Inc.** |

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