



MAXWELL FABRICS & TELAFINA  
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 maxwellfabrics.com  
 telafina.com

**ECHECK PAYMENT INFORMATION**

**CUSTOMER DETAILS**

Account Number: U \_\_\_\_\_  
 Customer Name: \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**CHECK DETAILS**

Name on Check: \_\_\_\_\_  
 Check Number: \_\_\_\_\_  
 ABA/Bank Routing #: \_\_\_\_\_  
 Bank Account #: \_\_\_\_\_  
 Amount of check: \_\_\_\_\_

**CHECK TYPE**

ID Details:  
 Company Check (provide EIN#): \_\_\_\_\_  
 Personal Check (provide Driver License#): \_\_\_\_\_

For invoice No.(s): \_\_\_\_\_

I, \_\_\_\_\_ authorize payment of \$ \_\_\_\_\_ to be processed as an electronic funds transfer or draft drawn from my account.

If the payment is returned unpaid, I authorize you or your service provider to collect the payment and your state's return item fee of by electronic funds transfer(s) or draft(s) drawn from your account. This authorization shall remain in full force and effect until revoked. Any payment authorized will initiate at end-of-business, Central Time.

Payments which are authorized for initiation at a future date may be revoked by providing written notice to Maxwell Fabrics.

By signing below, I agree and authorize the payment.

Signature \_\_\_\_\_

Date \_\_\_\_\_