

# Armature

Take 3 Inc.  
PO Box 5244  
Scottsdale, AZ 85261-5244  
Fax: 480-619-6203

## Check-By-Fax Authorization

I hereby authorize Take 3 Inc., to debit the checking account identified on the attached check for payment of my/our Armature Internet service. I understand Take 3 Inc. will create a bank draft utilizing the check amount and banking information shown on this check and deposit it to their account as though this check had been physically received by them.

I understand I may retain or destroy the original check once this fax has been received by Take 3 Inc. and that I need not send the original to them, and that this facsimile shall serve as a substitute for the original check. I warrant that necessary funds are on deposit in the account represented by this check and that I will not attempt to stop payment or otherwise void the payment tendered by this Authorization.

Authorized: \_\_\_\_\_ by \_\_\_\_\_  
Company Authorized Signature for Bank Account

Date: \_\_\_\_\_ E-Mail for Billing: \_\_\_\_\_

## ATTACH CHECK HERE

FAX this Authorization to 480-619-6203  
Entire check, including numbers at the bottom, must be legible.