



## DeLalio sod farms, LLC

652 Deer Park Avenue, Dix Hills, New York 11746

Telephone 631-242-3700

Fax 631-242-3754

### BANK AUTHORIZATION FORM – CHECKING ACCOUNT

BANK NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

CHECKING ACCOUNT # \_\_\_\_\_

Dear Sir:

This authorizes you to release pertinent credit information regarding my checking account to DeLalio Sod Farms, LLC. This is needed to confirm my account is in good standing to allow use of my check to pay bills to this vendor. I appreciate your assistance in this matter.

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

COMPANY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_