



DeLalio sod farms, inc.

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, Inc. 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: _____