



## Bank Authorization

Most banking institutions now require a client's written consent before they will release any information about an account. To ensure speedy processing of your request for an open account kindly return this form to:

**TESSCO, ATTENTION CUSTOMER TRANSACTIONS**  
**11126 McCormick Road, Hunt Valley, MD 21031-1494**  
**Phone: 410-229-1395, 800-472-7373 Fax: 410-229-1005**  
**Email: CFS@TESSCO.COM**

Please release the information requested concerning my bank account(s).

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Company Name TESSCO Account #

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Company Address

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Authorized Signature

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Printed Name Title

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Bank Name Bank Account #

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Street Address City State Zip

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Bank Contact Name Bank Phone Number Bank Fax Number