



3KM Travel

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Bonded & Insured

Accredited by:



Check Draft Authorization Form

By signing this form, I hereby authorize 3KM to duplicate my check into a bank draft form. I understand that I will receive by mail, a Check Authorization Notice, notifying me that a **duplicate** has been issued on my behalf for said purchase. I will retain my **original** copy for my/our records of this transaction. **I understand** that the **Payee** or authorized agent of Payee will sign the bank draft as my agent for this transaction only. **This authorization is valid for this transaction only.** No other bank drafts may be created without my direct written or verbal authorization.

Uniform Commercial Code

Uniform Commercial Code, Title 1, Section 1-201 [39] and Title 3, Sections 3-104, 3-401 and 3-403; Code of Federal Regulations, Title 12, Chapter II, Part 210; and Regulation J, Federal Reserve Bank, Part 2, Sections 4A-201 to 4A212.

Enter your check information into the form below

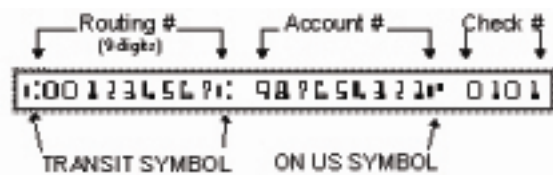
Full Name: _____

Company (if any) _____

Your Address _____

City _____ State _____ ZIP _____

Phone Number: _____



Check #: _____

Name On check: _____

Bank Name: _____

Bank Routing Number _____

Your Account # _____

For amount of: _____

For payment of transportation of myself and / or (Full name(s) of passenger(s)) if other than
accountholder _____

Name signed: _____ Date: _____

THANK YOU FOR CHOOSING 3KM TRAVEL!

