



Authorization for ACH (Direct Deposit) Transactions

****REQUIRED****

Payments will not be made until this form is signed and returned. Please attach a voided or cancelled check below, or fax/email along with this form. If a voided check cannot be provided, a letter from your bank verifying your account will suffice. We cannot implement ACH transactions without a copy of your check or letter.

Send this Document to our Fax: 302-253-0363 or Email: ACHpayments@trinitylogistics.com

Direct Deposit Options – Check One (If none are checked, Full Term Pay is assumed)

- Quick Pay (3 Business Days, 3% Fee)
- Expedited Pay (10 Business Days, 2% Fee)
- Full Term Pay (Free, based on standard payment policy)

Company (Carrier) Name _____

MC# _____ USDOT# _____ Fax# (____) _____ - _____

Email _____

*I/we hereby authorize Trinity Logistics, Inc. ("Trinity") to initiate credit entries and, as necessary, correcting adjustments for any credits made in error, to the **checking account** at the financial institution indicated below, hereinafter called "Bank":*

Bank Name _____

Bank Contact _____ Bank Phone# (____) _____ - _____

City _____ State _____ Zip _____

Transit/ABA# (ACH Routing #) _____

Account# _____

This authority remains in full force and effect until Trinity has received written notification from me/or either of us of termination in such time and in such manner as to afford Trinity a commercially reasonable opportunity to act on it. I/we represent the above referenced bank account is used for commercial purposes. In signing below, I/we authorize Trinity to contact my/our Bank for any reason related to payments/adjustments and/or verification purposes on the account listed above.

Printed Name _____ Signature _____

Fed ID# _____ SSN# _____ Date _____

TAPE VOIDED CHECK HERE