



PH 888-278-2793
FX 855-407-8354

ACH Payment Authorization

GOING GREEN
PAPER CHECKS ARE A THING OF THE PAST!

Please fax the completed form, along with voided/cancelled check (alternatively, bank spec sheet)

ACH Payment Information

Account Owner's full legal name (include: Inc., Corp., Company, LLC, etc. as applicable):

Tax ID #: _____

Contact Address: _____

Contact City / State / Zip: _____

Contact Name: _____

Contact Phone: _____

Contact Fax: _____

E-mail address for remittance advice: _____

Banking Information (Please include leading zeroes in routing and account numbers)

Full Name of Financial Institution: _____

Financial Institution Address (City, State, Zip): _____

Routing Number (ABA# -- 9 digits): _____

Account Number: _____

Account Type (Checking or Savings): _____

Terms of Authorization Agreement:

- 1) I certify that I am a duly authorized official fully empowered to enter into this Authorization on behalf of the above named Account Owner and all information contained herein is true and correct.
2) I hereby authorize Autolog / United Road Services, Inc. ("United Road") to initiate ACH credit and/or debit entries to the Account identified above.
3) I recognize that it is my responsibility to provide accurate account information, and accordingly will recognize all payments made to the above identified Account as valid and good. I understand and agree that United Road is under no obligation to verify the accuracy of Account information provided in this form.
4) I authorize United Road to initiate ACH debits to the above account in the event an erroneous or non-qualified ACH credit is made to the identified Account, but in no case to exceed the aggregate amount of such ACH credits made to the Account.
5) I understand and agree that this payment authorization will remain in effect until United Road has received written notification from the above named Account Owner via facsimile to 855-407-8354, and United Road and the named financial institution are each afforded a reasonable opportunity to act upon such order. All changes to this Authorization must be in writing and submitted via facsimile to 855-407-8354.

Payment Terms Authorization

Please select ONLY ONE of the following Payment Terms

Please note all terms begin the date we receive your proper delivery paperwork, by 12:00 PM (Noon) Eastern, on a business day. The faster you provide us your proper delivery paperwork, the faster you will receive funds.

Note that by selecting one of the options below, you are agreeing to accept the specified settlement percentage of that payment term as PAYMENT IN FULL of all orders brokered to you.

Express Settlement: - EPACH -2DAYS 95%

We will credit your bank account on the 2nd business day after delivery information is received; settlement will be made at 95% of the brokered amount.

Check here to select Express Settlement as your payment terms

Quick Settlement: - QPACH-14DAY 97.5%

We will credit your bank account on the 14th business day after delivery information is received (or if this due date falls on a banking holiday, the next banking day); settlement will be made 97.5% of the brokered amount.

Check here to select Quick Settlement as your payment terms

Regular Settlement: RPACH - 30DAY 100%

We will credit your bank account on the 30th business day after delivery information is received); settlement will be made at 100% of the brokered amount.

Check here to select Regular Settlement as your payment terms

Terms of Payment Terms Authorization:

- 1) I certify that I am a duly authorized official fully empowered to enter into this Authorization on behalf of the below-named Company.
- 2) I understand and agree that this payment terms authorization will remain in effect until United Road has received written notification from the above named Account Owner via facsimile to 855-407-8354, and United Road is afforded a reasonable opportunity to act upon such order. All changes to this Authorization must be in writing and submitted via facsimile to 855-407-8354.

Company Name: _____

By: _____ (signature) Date: _____

Printed Name and Title: _____