



Phone: 1-800-580-3101
Fax: 513-965-5492

Please fax agreement AND voided check

Direct Deposit Agreement, Change, and/or Cancellation Form

Only available on United States bank accounts

Authorization Agreement

I hereby authorize Total Quality Logistics to initiate automatic deposits to my account at the financial institution named below. I also authorize Total Quality Logistics to make withdrawals from this account in the event that a credit entry is made in error or for the payment of any amounts that I owe to Total Quality Logistics. Further, I agree not to hold Total Quality Logistics responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until Total Quality Logistics receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Accounts Payable Department.

New Account Information:

Name of Financial Institution: _____

Name Exactly As It Appears on the Account _____

Routing Number: _____

Account Number: _____

Checking _____ Savings _____

E-mail Address for Remittance Advices _____

Old Account Information (if applicable):

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking _____ Savings _____

If Requesting Cancellation of Direct Deposit

_____ I hereby request **Total Quality Logistics** to cancel my direct deposit account.

Payment Terms

_____ 1 Day at 5% Please write or type "1-day quickpay via direct deposit" on every invoice sent in OR write or type "1-day quickpay via comcheck" if you need a comcheck which is an additional \$25.

_____ 7 Day at 3% Please write or type "quickpay" on every invoice sent in.

_____ 28 Day (no fees)

SIGNATURE

COMPANY NAME

TITLE

MC #