



PO Box 398
North Little Rock, AR 72115
Phone 501-371-9814
Fax 501-374-5960

eCHECK AUTHORIZATION FORM

I hereby authorize Priority 1 to process my stated eCheck information for the stated order number and amount.

ORDER DETAILS:

Quote #: _____ Quote amount: US\$ _____

Type of Account: Checking Savings

Name on Account: _____

Bank Account Number: _____

Routing Number: _____

Account Address: (where you receive your statements every month):

Street: _____

City: _____ State/Zip/Country: _____

Phone number: _____ Email address: _____

I agree that I will not dispute the above eCheck charge, so long as the transaction corresponds to the terms indicated on this form. I further understand that I cannot dispute this charge as a result of a freight claim for any reason. Any freight claim for damage, shortage or service failure must result in a freight claim with carrier, and refunds will be processed from the payout of the freight claim. I acknowledge the Priority1 Terms and Conditions as stated on their website: <http://priority1inc.com/terms-and-conditions/>

Signature: _____ Date: _____

For Internal Use (if more than one invoice/BOL, use supplemental page):

Customer Acct# _____ **Customer Acct Name:** _____

BOL/Invoice # _____ **Pmt #(if refund)** _____