**ACH AUTHORIZATION FORM**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereinafter called CARRIER do hereby authorize B-on time Dispatch & Logistics. LLC , hereinafter called DISPATCH, to process an ACH transaction to the account indicated below, in consideration of the dispatching service provided to me per invoice provided.**

**Name on the Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 D/B/A Contact

 MC# DOT#

Address

Email for remittance advice

ACH Direct Payment

Bank Name

Bank Address

Name on Bank Account Routing/ABA# Account #

Account Type Checking Savings

Authorization

SIGNATURE DATE

PRINT NAME TITLE

**I understand that I will be notified via email when B-on time Dispatch & Logistics, LLC makes a debit to my account for dispatch services. I understand that if the load is tendered and accepted by me and the load gets rescheduled or cancelled by the carrier, I am still responsible for paying DISPATCH as set out above.**