



ACH Deposit Form

Vendor Name: _____

Vendor Address: _____

Bank Name: _____

Name(s) on Account: _____

Account Number: _____

Bank Routing Number/ABA Number: _____

SSN/EIN Associated with bank account: _____

Email address: _____

RETURN THIS FORM, ALONG WITH A VOIDED CHECK FOR ACH DEPOSIT TO:

Accounts Payable Department
27006 Villa Toscana
San Antonio, TX 78260
210-660-5009 (office)
ap@tigrsstransportation.com

****** QUICK PAY option is available for a fee of 3% of invoice******