



**Authorization for Deposit of
Independent Contractor Settlement Funds
via Bank Account or EFS Card**

Check one: Enrollment Change Cancellation

Agent/Terminal Code: _____ Truck Number: _____

Fed ID / Social Security Number: _____

Truck Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Direct Deposit Start Date: _____

Option 1 - BANK INFORMATION

Bank Name (please print): _____ (“Bank”)

Account Holder Name: _____

Bank Routing/Transit Number: _____

Account Number: _____

Account Type: Checking Savings

Option 2 - EFS INFORMATION

EFS Card Number: _____

I hereby authorize the Evans Network of Companies to deposit independent contractor settlement funds as described above.

This Authorization Agreement is to remain in full force and effect until canceled or modified in writing by either party. In the event funds are deposited in error to the account/ on to the card detailed above, I hereby authorize the debit of those funds from said account /card for benefit of the correct party.

Signature: _____ Date: _____