DIXON
DISPATCH & LOGISTICS
LLC

ACH Authorization Form

Customer Information

Full Name*

Company Name

Email*

Phone*

Street Address*

City/State/ZIP*

Payment Information

Authorized Amount*

Payment Frequency*

Processing Date*

Number of Installments

Bank Information

Bank Name*

Routing Number*

Account Number*

Account Type*

Authorization Agreement

I hereby authorize Dixon Dispatch & Logistics LLC to initiate electronic debit entries from the bank account listed above for payment of services rendered.

This authorization shall remain in effect until revoked in writing at least thirty (30) days prior to the next scheduled payment

Signature

Signature*

Date*