INDEPENDENT CONTRACTOR INFORMATION & ACH PAYMENT AUTHORIZATION

This form is required for all Independent Contractors providing services to TransMet Logistics USA, LLC in Pennsylvania, Vermont and Maine. Information is used for contractor setup and ACH payments through TD Bank. Please print clearly.

SECTION A – INDIVIDUAL (Complete if operating as an individual)

Full Legal Name (as shown on SSN): _____

Social Security Number (SSN): _____

Driver's License Number & State: _____

Email Address: _____

Phone Number: _____

Full Mailing Address (Street, City, State, ZIP):

_____

TransMet USA Route Number(s): _____

BANKING INFORMATION (ACH PAYMENTS)

Bank Name: _____

Bank Address: _____

Account Holder Name (must match bank records): _____

Account Type (Checking / Savings): _____

Routing Number (9 digits): _____

Account Number: _____

SECTION B – COMPANY / BUSINESS ENTITY
(Complete if operating through a company)

Legal Business Name: _____

Business Structure (LLC, Corp, Partnership, etc.): _____

Employer Identification Number (EIN): _____

Authorized Signatory Name & Title: _____

Business Email Address: _____

Business Phone Number: _____

Full Business Mailing Address (Street, City, State, ZIP):

_____

TransMet USA Route Number(s): _____

BANKING INFORMATION (ACH PAYMENTS)

Bank Name: _____

Bank Address: _____

Account Holder Name (must match bank records): _____

Account Type (Checking / Savings): _____

Routing Number (9 digits): _____

Account Number: _____

SECTION D – AUTHORIZATION & CERTIFICATION

I certify that the information provided above is accurate and complete. I authorize TransMet Logistics USA, LLC to initiate ACH credit entries to the bank account listed above. I understand that I am an Independent Contractor and not an employee, and that I am responsible for all applicable federal, state, and local taxes.

Required Attachments (attach to this form):
☐ Completed IRS Form W-9 (required for all contractors)
☐ Void Cheque or Official Bank Letter (showing routing & account number)

Signature: _____   Date: _____

Printed Name: _____