



FUNDING TRANSFER INSTRUCTIONS

FAX TO 760-496-3652 OR EMAIL TO documentation@ecapital.com

Please be advised that HRC Logistics, LLC has requested a change to the funding transfer instructions currently on file for the following reason:

- ☐ One or more accounts on file are closed and should be replaced with new account information (below)
Closed account(s) to be replaced: _____
- ☐ The new account information (below) is an additional funding transfer account
- ☐ New account information (below) should become the default account
- ☐ Existing default account should remain the default account for funding transfers
- ☐ Other: _____

BANK INFORMATION FOR FUNDING TRANSFER*

Please obtain written wire instructions from your bank – do not copy information from a check

Bank Name: _____ Bank Phone: _____

Bank Address: _____

City, State & ZIP Code: _____

Accountholder Name: _____ Account Number: _____

9 Digit Routing # for Wires: _____ 9 Digit Routing # for ACH: _____

Note: eCapital LLC will not transfer funds into a payroll only account

Certification and Acknowledgement:

I certify that the above named Bank Account is not a Payroll Account and authorize eCapital LLC to transfer funds into it, to be disbursed as indicated on a funding instruction approved by eCapital LLC, or verbally. I hold eCapital LLC harmless for any occurrence relating to the transfer of funds, including delay or non-delivery. I authorize the Bank provider to honor ACH credits from eCapital LLC and ACH debits payable to eCapital LLC, as adjustments to any default, overpayment or error to or from the Bank. The Bank provider is not obligated to provide me special advice or notice in writing or otherwise, is fully protected, and is under no liability in honoring the debit or credit transactions. This authorization will remain in effect until revoked in writing to both Bank Provider and eCapital LLC. eCapital LLC is not responsible for content or accuracy of the information contained herein.

Authorized Signature: _____

Print Name: _____

Title: _____

Date: _____

INTERNAL USE ONLY

Verified WIRE ABN: Y N WV

Verified ACH ABN: Y N WV

Verified Legal Name: Y N WV

Verified Account: Y N WV

Bank Contact Name: _____

By: _____ Date: _____

INTERNAL USE ONLY

Authorized Signature

D & C: _____

A COPY OF A VOIDED CHECK IS REQUIRED – PLEASE ATTACH

* Wire/ACH Fees apply

eCapital.com