

If You Are Factored Do Not Fill Out

Please include your ACH payment information with your Invoice or fill out form below

ACH PAYMENT AUTHORIZATION

I hereby authorize International Transport Systems, Inc. (hereinafter referred to as the ITS) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry originated in error, to my (our) account at the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such amount. This authority shall remain in full force and effect until ITS has received written notification from you (or either of us) of its termination in such time and in such manner as to afford ITS and DEPOSITORY a reasonable opportunity to act upon it. If the banking information changes please contact us immediately at **630-833-1618** or **lianey@itransys.com**.

Carrier DOT # _____

Company Name _____

Bank Name _____

Routing Number _____

Account Number _____

Account Type

_____ Checking

_____ Saving

Accounting Email _____

Accounting Phone _____

Authorization Signature _____ Date ____/____/____