

AUTHORIZATION AGREEMENT FOR AUTOMATED DIRECT DEPOSITS ACH CREDITS

Company Name: More Truck Lines

Tax ID#:______

I/we hereby authorize _______ (Company), to initiate credit entries (and to initiate, if necessary, debit entries and adjustments for any credit entry errors) to my/our ____ Checking ____ Savings account (select One) indicated below, and authorize my financial institution named below ("Bank"), to credit and/or debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

BANK NAME:	BRANCH:
СІТҮ:	STATE; ZIP:
ROUTING #:	ACCOUNT #:

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and CITIZENS BUSINESS BANK (processor of COMPANY automated entries) a reasonable opportunity to act on it.

NAME:	S.S. #:
SIGNED:	DATED:
SIGNED:	DATED:

ATTACH A COPY OF YOUR VOIDED CHECK BELOW OR A BANK VERIFICATION FORM

COMPANY will retain this authorization for 2 years after its termination and provide a copy to CITIZENS BUSSINES BANK upon request