

Authorization for Electronic Deposit



MC# _____

Send back to:
Accounting @shipbtb.com

Business to Business Logistics, LLC.
901 N. Batavia Ste 342
Batavia IL 60510
Phone (630) 246-2611
Fax (630) 246-2615

| | | |
|------------------------|--------------------------------|----------------------|
| COMPANY NAME: | NAME ON CHECKING ACCOUNT: | SSN or FEDERAL ID #: |
| FINANCIAL INSTITUTION: | FINANCIAL INSTITUTION ADDRESS: | CITY, STATE: |
| BANK ROUTING NUMBER: | BANK ACCOUNT NUMBER: | BANK PHONE #: |

I authorize Business to Business Logistics, LLC. to electronically deposit payments in the above named financial institution. I authorize the above-named institution to accept and distribute said funds in the manner designated by me.

PLEASE CHECK ONE:

I have a Checking Account

I have a Savings Account

(Please include a voided check.)

I understand that this authorization will override any previous authorization, and will remain in effect until Business to Business Logistics, LLC. has received written notification of its termination.

I understand that my Financial Institution may charge additional fees for receiving Electronic Deposits.

Remittance Email _____ Date _____

Printed Name _____

Signature _____

Attach Voided Check here