



PO Box 398
 North Little Rock, AR 72115
 Phone 501-371-9814
 Fax 501-374-5960

PREPAY eCHECK AUTHORIZATION FORM

I hereby authorize Priority 1 to process my stated eCheck information for each shipment made on my behalf by Priority 1 on the morning following the shipment booking date.

Type of Account: Checking Savings

Name on Account: _____

Bank Account Number: _____

Routing Number: _____

Account Address: (where you receive your statements every month):

Street: _____

City: _____ State/Zip/Country: _____

Phone number: _____ Email address: _____

I agree that I will not dispute the above eCheck charge, so long as the transaction corresponds to the terms indicated on this form. I further understand that I cannot dispute this charge as a result of a freight claim for any reason. Any freight claim for damage, shortage or service failure must result in a freight claim with carrier, and refunds will be processed from the payout of the freight claim. I acknowledge the Priority1 Terms and Conditions as stated on their website: <http://priority1inc.com/terms-and-conditions/> Quote amount is based upon information provided by customer and specified in quote number above. Customer agrees to terms in quote# above, and authorizes Priority 1 to process my stated eCheck information to cover any additional charges incurred by 3rd party as a result of information provided by customer deemed to be inaccurate. If the eCheck is returned for non-sufficient funds (NSF), the shipment will be stopped.

Signature: _____ Date: _____

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|--|---------------------------|
| For Internal Use (if more than one invoice/BOL, use supplemental page): | |
| Customer Acct# _____ | Customer Acct Name: _____ |
| BOL/Invoice # _____ | Pmt #(if refund) _____ |