



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

**eCHECK AUTHORIZATION FORM**

**I hereby authorize Priority 1 to process my stated eCheck information for the stated order number and amount.**

**ORDER DETAILS:**

Quote #: \_\_\_\_\_ Quote amount: US\$ \_\_\_\_\_

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/>**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Internal Use** (if more than one invoice/BOL, use supplemental page):

**Customer Acct#** \_\_\_\_\_ **Customer Acct Name:** \_\_\_\_\_

**BOL/Invoice #** \_\_\_\_\_ **Pmt #(if refund)** \_\_\_\_\_