



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 3<sup>rd</sup> 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: \_\_\_\_\_

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