



(ACH DEBITS) AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

If you are commercial account please complete section 1 and 2. If you are a personal account please complete section 1 and 3

SECTION 1 FINANCIAL INSTITUTION INFORMATION

I (we) hereby authorize American Emerald Transportation Services (AETS) (hereinafter called Company), to initiate debit entries to my (our):

Checking Account Savings Account
Amount of Debit Check here for One Time Debit

Indicated below at the financial institution named below, (hereinafter called Financial Institution), to debit the same to such account:

Financial Institution Name: _____ Branch: _____
Address: _____ City: _____ State: _____ Zip: _____
Routing Number: _____ Account Number: _____

001
Pay to the order of _____ \$ _____
For _____
⑆ ⑆ 23456789⑆ ⑆ 23456789⑆ 00⑆
Routing Number Account Number Check #

This authorization is to remain in full force and effect until COMPANY has received written confirmation from me (or either of us) of its termination in such time and in such a manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

If the withdrawal date falls on a holiday or non-business day the withdrawal will be attempted on the next business day.

SECTION 2 COMMERCIAL ACCOUNT INFORMATION

Company Name: _____ FEIN #: _____
Please Print
Authorized Signature: _____ Date: _____

SECTION 3 PERSONAL ACCOUNT INFORMATION

Name: _____ Social Security Number: _____
Please Print
Signature: _____ Date: _____