



ACH AUTHORIZATION FORM

Financial Institution Name: _____

Account Type: CHECKING _____ SAVINGS _____

Account Holder's name: _____

Account Number: _____ Routing Number: _____

Address: _____

Phone Number (____) - _____ - _____

I/We _____ do hereby authorize CARGOSPRINT LLC to reimburse me for over-collected payments at the account identified above.

I _____ am a duly authorized signer on the account identified above and authorize all the above as evidenced by my signature below.

CARGOSPRINT LLC may call your bank to corroborate the good standing of the account.

This authorization is to remain in full force and effect until we have received written notification from our company of its termination in such time and in such manner as to concede CARGOSPRINT LLC a reasonable opportunity to act on it.

Printed Name: _____ Date _____

Title: _____

Signature

