

**BROKER:** ELM LOGISTICS HUB LLC

**Client #:** 16549

**Carrier Name:** \_\_\_\_\_ **Carrier MC#** \_\_\_\_\_

**Select one or more of the following:** (if more than one payment method, indicate primary and alternate)

\_\_\_\_\_ **1. ACH electronic direct deposit** (\$3.00; 24-48 hours to appear in your account)

\_\_\_\_\_ **2. Bank wire** (\$12.00; appears same day or next morning in your account)

Name of Bank: \_\_\_\_\_

Bank address \_\_\_\_\_

Bank phone # \_\_\_\_\_

Bank routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Name on Acct: \_\_\_\_\_

Acct Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_

Acct Phone: \_\_\_\_\_

Acct Fed ID#: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

-----

I hereby authorize TBS Factoring Service, LLC, to debit/credit the account and financial institution named on this form. Furthermore, this authorization will remain in effect until all Carrier obligations have been met and written notification has been given to TBS Factoring Service, LLC canceling this authorization.

**Carrier Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_