

United Truckers Services, Inc.

1385 Iris Drive SE – Conyers, GA 30013

Ph (770) 922-6200 Fax (770) 929-3201

Pre-Authorized Withdrawal (ACH) Authorization Form

CUSTOMER INFORMATION (Please Print or Type)

NAME:
SSN:

I hereby authorize: **"United Truckers Services/KIFI"**

To initiate: debit / drafts _____ From my: checking account Amount: \$

Frequency: one time multiple times (how many? _____)

I understand that, if necessary, an adjusting debit or credit entry may be made to correct an error. I also authorize the financial institution named below to credit and/or debit my account for the correcting entries. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement.

ACCOUNT HOLDER INFORMATION (must be completely filled out)

NAME OF BANK:
BANK CITY / STATE:
BANK ROUTING NUMBER:
ACCOUNT OWNER NAME:
ACCOUNT NUMBER:

This authority will remain in full force and effect until such time as **"United Truckers Services "** has received written notification from me that the draft authorization has been revoked. It is further provided that written notification of termination, by either party, shall be provided in such time and manner as to afford either party reasonable opportunity to act on it.

Signature of account owner:	Date:
X	

Please include a copy of your check with this form. Please complete the check exactly as if you were giving it to us in person. *Date your check for today-we cannot accept a post-dated check. We also need a copy of the drivers license for the person signing the check.