



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

**We are able to make payments via Direct Deposit rather than check.
All Carrier Partners that have a U.S. Bank account are eligible.**

Company Name: _____

I (we) hereby authorize **SWAN TRANSPORTATION SERVICES, LTD.**, hereinafter called COMPANY, to initiate credit entries to my (our) _____ Checking Account/_____ Savings Account (**select one**) at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

**** INCLUDE COPY OF VOIDED CHECK ****

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (we) understand it is our responsibility to resubmit an authorization form for any changes I (we) may make to the depository banking institution and/or accounts.

Name: _____ Title: _____
(Please Print)

Signature: _____ Date: _____

Email Address for Payment Detail: _____