

Circle Logistics, Inc.

ACH Authorization Form

PLEASE INCLUDE A COPY OF A CANCELLED CHECK WITH THIS FORM VERIFYING ACCOUNT

I (we) _____ hereby authorize Circle Logistics, Inc. to initiate entries to my(our) checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Circle Logistics, Inc. is notified by me(us) in writing to cancel it in such time as to afford Circle Logistics, Inc. and the financial institution a reasonable opportunity to act on it.

(Name of Company)

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

(Signature)

(Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

Attach voided bank check below(REQUIRED):

VOIDED CHECK