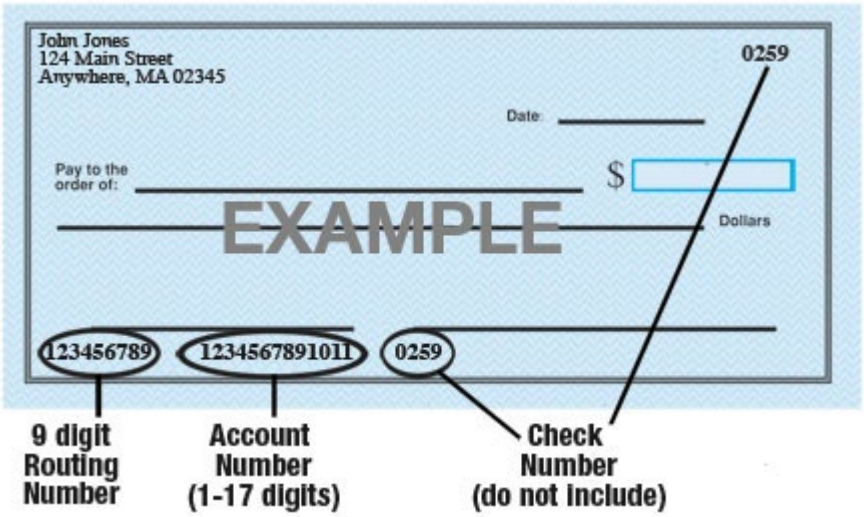
DIRECT DEPOSIT AUTHORIZATION

Please print and complete ALL the information below.

Name:

Address:

City, State, Zip:



Name of Bank:

Name on Account:

9-Digit Routing #:

Account #:

Type of Account: ☐ Checking ☐ Savings (Circle One)

Please attach a voided check for each bank account to which funds should be deposited. If a voided check is not available, you may provide a screenshot of the routing and account number.

Beyond Logistics Transport, LLC., is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: SIGN _____

Date: