



*****PLEASE NOTE THAT A FEE OF \$7 WILL NOW BE DEDUCTED FROM YOUR RATE FOR ANY INCORRECT BANKING INFORMATION PROVIDED TO US THAT RESULTS IN FAILED ACH PAYMENTS*****

Vendor ACH Enrollment Form

This form is used for Automated Clearing House (ACH) payments to provide payment related information to your financial institution. *(Note this likely will not be the same information for receiving payment via wire transfer, which Hurricane Logistics, LLC is not offering in this enrollment)*

You must check with your financial institution to confirm funds have been deposited.

Information on this form is subject to additional verification.

VENDOR INFORMATION (Remit Address)

☐ New Request ☐ Change Request

| | | | |
|--|------------------|------------------------|-----|
| VENDOR NAME | | TAXPAYER ID (Required) | |
| ADDRESS | CITY | STATE | ZIP |
| ACCOUNTING CONTACT NAME | TELEPHONE NUMBER | FAX NUMBER | |
| EMAIL ADDRESS (PRINT CLEARLY) – *Required to receive remittance. | | | |

FINANCIAL INSTITUTION INFORMATION

| | | | |
|----------------------------|-----------------------------------|----------------------------------|-----|
| BANK NAME | | | |
| ADDRESS | CITY | STATE | ZIP |
| ACCOUNT NAME | ACH ROUTING NUMBER (9 Digits) | ACCOUNT NUMBER | |
| ACCOUNT TYPE | <input type="checkbox"/> CHECKING | <input type="checkbox"/> SAVINGS | |
| PAYMODE ID (If Applicable) | | | |

Certification:

I certify I am responsible for notifying any changes to the information provided above to Hurricane Logistics, LLC.

I certify that I agree to immediately return any erroneous payments that may occur as a result of payment via ACH.

I certify the information provided on this form is true and correct, and that I, as an authorized representative for the above named company, hereby authorize Hurricane Logistics, LLC to electronically deposit payments to the designated bank account. This authority remains in full force until written notice of change or cancellation is received by Hurricane Logistics, LLC. Hurricane Logistics, LLC reserves the right to cancel or suspend this authorization at any time.

Authorization:

| | | | |
|--------------------------|-----------|-------|-------|
| _____ | _____ | _____ | _____ |
| Authorized Official Name | Signature | Title | Date |

Please email or fax the completed form along with a **VOIDED CHECK** to: accounting@sldtransport.com

***** A voided check or bank confirmation letter is required to process this form. *****