



DIRECT DEPOSIT AUTHORIZATION FORM

Owner / Agent: _____

Address: _____

City, St. Zip: _____

Phone Number: _____

AUTHORIZATION:

I hereby authorize King Cole Express Inc to initiate credit entries for contracted agency load deliveries to my account with the financial institution I have listed. I have enclosed an actual or copied voided check or documentation showing that I am the holder of the savings or debit account.

I understand direct deposit will continue until King Cole Express Inc terminates it for any reason or until King Cole Express Inc receives written notice of termination from me in such a time and manner as to afford King Cole Express Inc a reasonable opportunity to act on such request.

Signature of Owner / agent

Date

Bank Name: _____

Bank Routing # _____

Bank Account #: _____

Checking Account Savings Account Debit Account

Attach Voided Check or Account Documentation here.