



DIRECT DEPOSIT AUTHORIZATION FORM

Owner / Agent: _____

Address: _____

City, St. Zip: _____

Phone Number: _____

AUTHORIZATION:

I hereby authorize King Cole Express Brokerage 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 Brokerage Inc terminates it for any reason or until King Cole Express Brokerage Inc receives written notice of termination from me in such a time and manner as to afford King Cole Express Brokerage 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.