



Direct Deposit / ACH Authorization Form

Please type or print:

Carrier Name											
Carrier MC #											
Carrier Contact Telephone Number											
Carrier Physical Payment Address (For record purposes)											
Bank Name											
Bank Address											
Bank Account Number											
9 Digit ABA Routing Number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> </tr> </table>										
E-mail Address											

ACH fees for carriers NOT enrolled in Quick Pay will be \$5.00 per transaction. A transaction may contain payment for multiple loads. Quick Pay Carriers will not be charged for ACH. See the Quick Pay form for more information.

If your banking information changes in the future, resubmit this form with updates. Updates will take effect within 48 hours. Roadrunner Transportation Systems has no liability if Carrier fails to provide updated payment information.

For questions, contact us via email at carriergp@rrts.com

I authorize all payments to be made via ACH. No payments will be made via check or other methods.

Name (please print): _____

Signature: _____ Date: _____

Return ACH Authorization Form AND a voided check / bank verification via:

Fax: 414-769-4619

Email: carriergp@rrts.com