

ACH Authorization Form

I authorize J L Barnett Trucking to deposit weekly payroll via ACH by end of day Wednesday of each week.

Bank (ACH) Information

Type of account: Checking account

Name on account:

Bank name:

Bank city/state:

Account number:

Routing number:

PLEASE also attach a voided check or bank authorization letter.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify J L Barnett Trucking in writing of any changes in my account information or termination of this authorization at least 5 Business days prior to the next billing date. JL Barnett will not Split payroll into separate accounts. If a debt is owed to the company upon my termination I acknowledge that a one time withdrawl will be made to settle this debt, unless paymnet is made within 14 days of termination or resignation. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

A deposit of .01 will be made the following pay period after the sheet is recieved by office, please call and confirm that transaction to be added to the direct deposit the next pay period.