

AUTHORIZATION FOR ACH TRANSACTIONS

This **Completed** and **Signed** Form must be mailed or faxed to:

Trinity Transport, Inc.
PO Box 1630
1201 Bridgeville Hwy
Seaford, DE 19973
Attn: Accounts Payable- ACH

Fax this form back to:
(302) 253-0363

COMPANY (CARRIER) NAME: _____

COMPANY TAX ID NUMBER: _____
(The 9 digit # used to file your taxes)

MC# _____ FAX # _____

E-MAIL _____

ACH PAY OPTIONS (if none are checked, Full Term Pay is assumed):

- Quick Pay (3 Business Days, 2% Fee)**
- Expedited Pay (10 Business Days, 1% Fee)**
- Full Term Pay (Free, based on standard payment policy)**

I (we) hereby authorize Trinity Transport, Inc. ("Trinity") to initiate credit entries and, if necessary, correcting debit adjustments for any credits made in error, to my (our) **business checking account** at the financial institution indicated below, hereinafter called DEPOSITORY:

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA # (ACH Routing #) _____

ACCOUNT # _____

***REQUIRED: Please attach a voided or cancelled check with this form.
We cannot implement ACH transactions without a copy of your check.***

This authority remains in full force and effect until Trinity has received written notification from me (or either of us) of termination in such time and in such manner as to afford Trinity a commercially reasonable opportunity to act on it. I (we) represent the above referenced bank account is a business account used for commercial purposes.

NAME(s): _____

SIGNATURE(s): _____

DATE: ____/____/____

FOR COMPANY USE ONLY

Date Received: _____ Scanned: YES NO

SALIENT DISCUSSION POINTS WITH CARRIERS ABOUT ACH

This automatic deposit service is being offered to all carriers of Trinity Transport, Incorporated, hereafter referenced as “Trinity.”

The following represents the standards a carrier must meet to qualify for ACH transactions.

- Carriers must meet all of Trinity’s Carrier Compliance requirements, including insurance coverage, valid carrier Authority, valid and signed carrier contract between Trinity and the Carrier, etc. etc.
- Prior to any ACH deposits, Trinity must have in its possession a signed and dated ACH Authorization Agreement between Trinity and the Carrier (attached). This Agreement gives Trinity the authority to make deposits to the carrier’s business account and make corrections for overpayments. The Agreement also documents the Carrier’s financial institution and branch, bank account number, and ABA routing number.
- Trinity must have in its possession a void or cancelled check drawn on the financial institution where ACH transactions are to be made.
- ACH payments will be made daily to approved carriers for loads they’ve delivered for Trinity **provided Trinity has received all paperwork for the load(s) and the paperwork is correct and complete. Incomplete or inaccurate paperwork will delay payment.**
- **No fee is charged for ACH payments made within normal payment terms.** However, faster payment is available: Quick Pay allows ACH payments within three business days and is available for only a 2% fee; Expedited payment within ten business days is available for only a 1% fee.
- For all questions or concerns regarding the ACH Form and payment status, please contact our Customer Service department at 866-TRINITY (866-874-6489).

Mailing Address for ACH Carriers:

**Trinity Transport, Inc.
PO Box 1630
1201 Bridgeville Hwy
Seaford, DE 19973**