AUTOMATIC PAYMENT AUTHORIZATION FORM

COMPANY NAME **ACCOUNT NUMBER**

COMPANY ADDRESS **SUITE #**

CITY **STATE** **ZIP**

PHONE **FAX**

CONTACT (EMAIL) **ACCOUNTS PAYABLE CONTACT**

AUTOMATED CLEARING HOUSE (ACH)

BANK ROUTING # **BANK ACCOUNT #**

AUTOMATIC PAYMENT TO START:

O IMMEDIATELY **O** ON DATE :_____

SPECIAL INSTRUCTIONS: _____

CUSTOMER AUTHORIZATION

This form authorizes Moonshot Logistics to automatically deduct for the weekly invoices that post in the system for your account. Customer agrees to have invoices automatically deducted via this Automated Clearing House (ACH) agreement with Moonshot Logistics. Payment terms are subject to change without notice.

Customer Signature **Date**

PLEASE EMAIL COMPLETED FORM TO OPERATIONS@MOONSHOTLOGISTICS.COM