

Consumer Authorization Agreement for Recurring ACH Direct Debit Payments



Direct Deposit Instructions:

1. Enter company name, MC# or DOT #. Complete the Corporate Authorization Forms for companies that are incorporated, Consumer Authorization for LLC and other.
2. Please enter banking information including routing/transit number and account number. Must be a bank account in the United States. Please contact your bank with any questions you may have regarding this information.
3. Form must be signed by the authorized individual on the bank account or provide proof that the signer is authorized to designate remittance of funds.
4. All requested information must be completed and the form must be signed at bottom of page to initiate direct deposit. Items not completed will cause delays in establishing direct deposit.
5. You may use your Driver's License number as the individual ID# at the bottom of the Consumer Authorization Form under the signature.
6. Be sure to keep a completed copy of this form for your records.
7. Please note that once you have elected to enroll in direct deposit, all payments will be paid by direct deposit. Requests to cancel direct deposit must be completed in writing and signed by an authorizing legal representative.
8. Please mail completed form to: 8509 NW Gainesville Road, Attn: Tracy Diel, Ocala, FL 34475 or fax to: 352-732-9262, Attn: Tracy Diel. If sending by email, tdiel@dieljerue.com
9. Funds will be available the day following load settlement. If a load is settled on Monday, funds will be available on Tuesday. Funds will be available on Monday for loads that are settled on Friday. Settlement will be paid in US dollars. Please contact your bank concerning the bank's hold policy.
10. Please contact Tracy Diel at 352-877-7203 if you have any questions concerning the form or these directions.



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Generated on: October 13, 2021

Signed On: <https://dieljerue.com/>

Service Fee: \$25.00 per load. Service Fee to be deducted from net check.



-> Please use this form only if your bank account is personal (not commercial.) <-

Please feel free to contact Tracy Diel at [\(352\) 877-7203](tel:3528777203) if you have any questions concerning the form.

CONSUMER AUTHORIZATION AGREEMENT FOR RECURRING ACH DIRECT DEBIT PAYMENTS

Carrier Name:

MC # DOT #

I(we) hereby authorize Diel-Jerue, Inc., hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution/Bank Name)

Address:

City-State:

Zip:

Routing/Transit Number:



Account Number:

Type of Acct: Type of Acct: ☐Checking ☐Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Must be signed by authorized signer of account:

Originating Company will use Diel-Jerue, Inc. - ACH as its Originating Company

Service Fee: \$25.00 per load. Service Fee to be deducted from net check.



X



Signature Certificate

Document name: Consumer Authorization Agreement for Recurring
ACH Direct Debit Payments

🔒 Unique Document ID: 8E130764C7B4B598D76C88B742D17DB373888888

LEGALLY SIGNED USING
WPsignature
Build. Track. Sign Contracts.

Timestamp

October 13, 2021 7:28 pm
EDT

February 14, 2022 11:37 am
EDT

February 24, 2022 4:02 pm
EDT

February 24, 2022 4:37 pm
EDT

February 28, 2022 9:26 am
EDT

February 28, 2022 9:26 am
EDT

Audit

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This audit trail report provides a detailed record of the
online activity and events recorded for this contract.

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