



AUTOMATIC CLEARING HOUSE (ACH) ENROLLMENT FORM
Load Delivered Logistics LLC – Chicago, IL

PLEASE PRINT CLEARLY OR TYPE TO ENSURE ACCURACY – MUST BE A CHECKING ACCOUNT
Please return completed forms to payables@capstonelogistics.com and we will confirm when setup

Date: ____/____/____

Carrier Name: _____

MC# _____ Address: _____ City: _____

State: _____ Zip: _____ Phone Number: (____) _____

EMAIL ADDRESS FOR REMIT: _____

Bank Name: _____

Bank Address: _____

Bank City: _____ State: _____ Zip: _____

Bank Phone Number: (____) _____

Account Number for ACH: _____

Routing Number for ACH: _____

I (we) hereby authorize Load Delivered Logistics to initiate credit entries to my (our) bank account indicated above at the depository financial institution named above and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. Law

Signature of Authorized Person

Title

Printed Name

Date

Please Note:

- You will be charged back for banking fees that we incur as a result of incorrect information provided by you
- Your paid settlement will be emailed to you. This will be your notification that a payment will be deposited into your account

Please include a copy of a voided check.