



## AUTHORIZATION FOR DIRECT PAYMENT/AUTOMATIC BILL PAYMENT

I authorize American Logistics Group, Inc. to initiate variable entries to my account described below:

### CUSTOMER INFORMATION

CUSTOMER NUMBER

COMPANY NAME

STREET ADDRESS (NO P.O. BOXES PLEASE)

CITY

STATE

ZIP CODE

PHONE NUMBER

AUTHORIZING PERSON (PLEASE PRINT)

SIGNATURE OF AUTHORIZING PERSON

DATE

### FINANCIAL INFORMATION

ACCOUNT NUMBER

☐ CHECKING

☐ SAVINGS

FINANCIAL INSTITUTION NAME

STREET ADDRESS (NO P.O. BOXES PLEASE)

CITY

STATE

ZIP CODE

ROUTING NUMBER

To Cancel, send written requests to: AMERICAN LOGISTICS GROUP, INC.

68 S SERVICE Rd, Suite  
100 Melville, NY 11747  
716-337-5000 Phone  
716-772-3386 Fax

THIS AUTHORIZATION ALLOWS AMERICAN LOGISTICS GROUP, INC. TO DEBIT MY ACCOUNT WEEKLY FOR ALL INVOICES DUE. This authorization will remain in full force and effect until American Logistics Group, Inc. receives written notification from me of its termination in such time and manner to act on it. I agree to indemnify American Logistics Group, Inc. harmless of all costs, including attorney's fees (to the extent permitted by law), damage or claims relating to nonpayment of the item, or in failing to cancel or process an item as a result of incorrect information provided by me. By signing below, I certify that the information I have provided on this ACH Authorization for Direct Payment/Automatic Bill Payment is complete, true and submitted for the purpose selected above. By signing this form, Customer acknowledges that it has read American Logistics Group, Inc.'s terms and conditions (linked below) and agrees to be bound by their terms and conditions. To read the complete terms and conditions, please visit "<https://alg.us.com/terms-conditions>".

TO CANCEL THIS AUTHORIZATION YOU MUST NOTIFY AMERICAN LOGISTICS GROUP, INC. IN WRITING

ATTACH VOIDED CHECK HERE