



E-Check Authorization Form

I, _____ authorize **Best Overnight Express, Inc.** to initiate funds from the checking account indicated below. I also authorize my depository financial institution to honor these transfers.
(your Company name)

Please Check One Box (required)

- This authorization is valid for this transaction only.
The transaction amount will be \$ _____. (transaction amount required)
- This authorization is valid for [yearly] [quarterly] [monthly] [weekly] (circle one) transactions, the transaction amount will be \$ _____. (transaction amount required)
- This is an open authorization to allow debits to my account for amounts which will vary based on the dollar amount provided by our company. **Check information will be kept on file.**

I have read and agree to all of the terms and conditions on this page and any other contract or document that accompanies this agreement. I certify that I am the authorized account holder for this checking account. I understand this is a binding agreement and I will receive a copy of each check draft in my statement when the item has cleared.

I understand this is a legal binding agreement between **Best Overnight Express, Inc** and, _____.
(your company name)

I understand that all returned checks are subject to a \$25.00 NSF Fee. This agreement will remain in effect until **Best Overnight Express, Inc.** receives my written notice of cancellation via mail, fax or email.

Authorized Accountholder Signature (required)

Date (required)

Attach Your Check Here (required)

Then Fax To 626-256-1948

OR

Email to:

Accountsreceivable@bestovernite.com