



ACH ENROLLMENT FORM

16520 S Tamiami Trail, Suite 180

Fort Myers, FL 33908

Phone: 877-564-4789

Send Form by Fax: 937-283-6289

OR

Email Form to: PAYABLES@GOPTLS.COM

Dear Valued Carrier,

****Sign up now for direct deposit****

ATTN: Accounts Receivable Contact

BENEFITS

- No more waiting for checks by mail
- No checks lost in the mail
- Direct funds into your account
- Peace of mind

Complete the ACH form & return today for enrollment

Email form: PAYABLES@GOPTLS.COM

FAX: (937) 283-6289

Thank you,

Accounts Payable

Paramount Transportation Logistics Services, LLC



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Please print clearly or type to ensure accuracy

Date: _____

Carrier Name: _____

MC# or DOT# (Required) _____ TIN/EIN# _____

Address: _____

City: _____ State: _____ Zip: _____

Carrier Phone Number: _____

Bank Information (All fields must be completed): Must be U.S. Bank Account

Check box if banking information is for "Factoring Company"

Bank Name: _____

Bank Address: _____

Bank City: _____ State: _____ Zip: _____

Bank Phone Number: _____

Transit/ABA Number for ACH: _____

Account Number for ACH: _____

Type of Account (Check One): Checking _____ Savings _____

Is an Intermediary Bank Required? Yes _____ No _____

Email Address for ACH Remittance: _____

Signature of Authorized Person

Title

Printed Name

Date

Please Note:

- We must have an email address on file to set up your ACH
- Please verify with your bank that the ABA number you are providing is the correct number for ACH payments
- 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
- We must have a bank phone number
- **REQUESTS TO STOP ACH MUST BE IN WRITING**