



ACH-ELECTRONIC FUNDS TRANSFER AUTHORIZATION

As a duly authorized check signer of the financial institution account identified below, I hereby authorize Logistech Solutions, Inc. to perform electronic funds transfer debits from my bank account for invoice payments. I understand the ACH debit will occur on the invoice due date or the business day immediately preceding the due date should it occur on a weekend or holiday.

Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds (NSF), I authorize Logistech Solutions, Inc. to charge \$20.00 per returned occurrence.

I understand and authorize all of the above as evidenced by my signature below.

Client Name: _____

Client Representative (please print): _____

Signature: _____ Date: _____

Financial Institution Account “Identifying Information”:

Enter financial institution account information into the fields provided below or attach a blank VOID check.

Complete or attach Blank VOID Check Here.	Financial Institution:		Branch:	
	City:		State:	Zip:
	Transit/ABA #:		Account #:	