AUTOMATED PAYMENT DEPOSIT AUTHORIZATION VT

I hereby authorize FleetCor Technologies to initiate credits or debits *(and/or corrections to the previous credits or debits)* to the institution indicated below. The institution is authorized to credit/debit and/or correct the amounts to my account. The authority is to remain in full force and effect until I revoke it in writing in such time (10 days) and such manner as to afford the institution a reasonable opportunity to act on it.

PLEASE PLACE A VOIDED CHECK HERE

Financial Institution (Bank, Savings & Loan, Credit Union):

Address:

City: State: Zip:

Type of Account – Circle One

1) Checking 2) Savings

3) Other _____

Financial Institution Housing Number ☐☐☐☐☐☐☐☐☐

Financial Institution Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Company Name:

Social Security Number or Tax I.D. Number:

Street Address:

City, State & Zip Code:

Please email my settlement reports to this email address:

Authorized By:

Name:

Signature:

Title and Phone #:

Date:

To ensure prompt payment please fax immediately to: (**678) 969-7656**

Attention: Accounts Payable

Phone: (800) 877-9019 ♦109 Northpark Blvd., Suite 500 ♦ Covington, LA 70433

For Internal Use Only:

Submitted By _____ Date _____

Merchant Sys_____Merchant AS400 _____