 LDP LOGISTICS INC.

 **602 Hartle Street**

**Sayreville, NJ 08872**

 **Tel : (732) 218-9958**

 **Fax: 410-630-725**0

 **PREPAY eCHECK AUTHORIZATION FORM**

**I hereby authorize LDP Logistics to process my stated eCheck information for each shipment made on my behalf by LDP logistics.**

 Type of Account: Checking Savings

Name on Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Address: (where you receive your statements every month):

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Zip/Country: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I agree that I will not dispute the above eCheck charge. I further understand that I cannot dispute this charge as a result of a freight claim for any reason. Any freight claim for damage, shortage or service failure must result in a freight claim with carrier, and refunds will be processed from the payout of the freight claim. I acknowledge the LDP Logistics Terms and Conditions as stated on their** [**www.LDPlogistic.com/terms-and-conditions/**](http://www.LDPlogistic.com/terms-and-conditions/) **Quote amount is based upon the information provided by the customer. I also authorize LDP Logistics to process my stated eCheck information to cover any additional charges incurred by 3rd party as a result of information provided by the customer deemed to be inaccurate. If the echeck is returned for non-sufficient funds(NSF), the shipment can be stopped.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Internal Use** (if more than one invoice/BOL, use supplemental page):

**Customer Acct#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Customer Acct Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BOL/Invoice # \_\_\_\_ Pmt #(if refund)\_\_\_\_\_\_\_\_\_\_\_\_**