



ACH AUTHORIZATION FORM

I hereby authorize BGI Worldwide Logistics, Inc. to initiate a debit from my bank account at the financial institution listed below.

Banking Information

Account Type: Checking Savings

Banking Institution: _____

Bank Address: _____

Company/Account Name: _____

Account Number: _____

Routing Number: _____

Payment Information

Amount authorized: _____

Reference: _____

Date: _____

Authorized account signer

First Name: _____

Last Name: _____

Signature: _____

Future ACH Debit Authorization (Check one box below)

BGI Worldwide Logistics, Inc. is authorized to initiate ACH Debits for all future payments until written notification is received otherwise.

Authorization to initiate ACH Debit will be provided to BGI on a per transaction or approved amount basis only.

****Please attached a canceled check image for account verification purposes****