



Check Draft Authorization Form

I, _____, hereby authorize Alpha Trucking Solutions, LLC to initiate funds from the checking account indicated below. I also authorize my depository financial institution to honor these transfers.

Please Check One Box (required)

	This authorization is valid for this transaction only. The transaction amount will be \$_____ (transaction amount required)
	This authorization is valid for (yearly) (quarterly) (monthly) (weekly) (circle one) transactions, the transaction amount will be \$_____ (transaction amount required)
	This is an open authorization to allow debits to my account for amounts which will vary per transaction based on the invoice amount.
	This is an authorization to allow debits to my account for the following invoices: _____

I, _____, understand this is a legally binding agreement with Alpha Trucking Solutions LLC. I also understand if my item(s) are returned unpaid for any reason, including but not limited to; NSF, uncollected funds, invalid or closed account, stop payment or any other reason, Alpha Trucking Solutions LLC will attempt to redeposit the item(s), and may choose to assess a returned check fee in the same, or separate draft for \$25.

I have read and agree to all of the terms and conditions outlined on this form and any other contract or document accompanying this agreement. I certify I am an authorized account holder for this checking account.

Authorized Accountholder Signature (required)

Date (required)

Attach Your Check Here or Fill Out Your Financial Institution Information
(Fill Out All Information)

Name On The Check _____	
Address _____	
Check Number _____	
PAY TO THE ORDER OF _____ ALPHA TRUCKING SOLUTIONS LLC \$ _____	
_____ Routing Number	_____ Account Number