



AUTHORIZATION FOR PRE-AUTHORIZED ACH DEBIT

Date: _____

Confidential Fax: 805-528-4300 **Amount:** \$ _____

*Company Name _____ Company Account Code _____

Bank Name _____ Branch _____

City _____ State _____ Zip Code _____

***Transit/ABA #** _____ **Account #** _____
(9 digits)

*I (We) hereby authorize American West Worldwide Express to initiate debit entries to my (Our) account at the financial institution named above.

Name and Title _____
(Please Print)

***Authorized Signature:** _____

<u>Freight Bill / Invoice #</u>	<u>Amount</u>
▪ _____	_____
▪ _____	_____
▪ _____	_____

We make paying your charges hassle free! Simply fill out this form and the Bank account information you provide will be on file so it's ready when you are. Each shipment will be recorded as a debit on your Bank account at the time we manifest your shipment.

Please complete and return via fax to 805-528-4300, email credit@awest.com, or mail to 51 Zaca Lane; Suite 120 San Luis Obispo, CA 93401 Attn: Credit Dept.

I, _____, hereby, authorize American West Worldwide Express to keep my Bank account payment information, in a secure file, to be used for future shipments that are approved by me or authorized personnel within my organization. I authorize & request that the appropriate processing center honor the debit entries initiated by American West. This authorization relates to all payments required on my account with American West. This authorization will remain in effect until all amounts owed American West are paid in full or until I cancel this authorization in writing. I understand that cancellation must take place after my account balance has been paid in full.

Cardholder Signature