



ACH / Direct Deposit Agreement Form

Please join our program for faster and more efficient payables process. You may complete this form or provide us with your own.

Authorization Agreement

I hereby authorize CS Logistics, Inc. to initiate automatic deposits to my account at the financial institution named below

Further, I agree not to hold CS Logistics, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until CS Logistics, Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

Signature

Authorized Signature: _____ Date: _____

Company Name: _____

Remittance Notification email address: _____

Please return completed for to accounting@cslog.com or fax 414-837-6169