



Bank Draft One-Time Use Authorization Form

Please use this form to authorize Best Overnite Express, Inc. to issue a bank draft from your Checking or Savings Account. Copy of check must be included.

Account Name: _____ Account Number: _____
DBA Name: _____

Account Information

Enter the information as it appears on your checks.

Customer Name on Bank Account

Bank Name

Address

Bank City and State

City State Zip

Bank Phone Number

Telephone Number

Bank Routing or Transit Number

Bank Account Number

I, _____ authorize Best Overnite Express, Inc. to initiate funds from my checking or savings account indicated above in the amount of \$_____, (required), I also authorize my depository financial institution to honor these funds. I certify that I am the owner or authorized signer on the account and understand that all returned checks are subject to a \$25.00 NSF fee.

I understand that this is a legal binding agreement between _____ and Best Overnite Express, Inc.

I understand that I will receive a copy of each check draft in my statement when the item has cleared my Bank.

Authorized Signature (Required)

Date (Required)

PLEASE FAX COMPLETED FORM TO 626-283-5793.