



Direct Deposit Set-Up Form

CONTRACTOR/ EMPLOYEE NAME: _____

NAME ON THE ACCOUNT: _____

ADDRESS: _____

E-MAIL FOR WEEKLY STATEMENTS: _____

BANK NAME: _____ BANK ADDRESS: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

ATTACH VOIDED CHECK HERE:

CONTRACTOR/ EMPLOYEE AGREEMENT

I authorize, DOLCHE TRUCKLOAD CORP., to automatically deposit my weekly pay-roll/settlement check into the account listed above. This includes authorization to correct any entries made in error. This authorization will remain in effect until I give a written notice to cancel it. If my bank account information changes, it is my responsibility to submit a new Direct Deposit Set-Up Form at least 2 business days prior to next pay-roll period!

Contractor/ Employee Signature

Date