

Payment Authorization Form — United States/Canada

Supplier/Carrier Name _____ Carrier MC # _____
(Carriers Only)

Mailing Address _____

Accts Receivable Contact: _____ Phone #: _____

Payment via:

☐ Credit Card @ Net 20 terms for non-contracted suppliers with no transactional fees to be charged ☐ ACH ☐ Check

If payment via Credit Card the below information is also needed:

E-mail address where credit card remittance should be sent: _____

If payment via ACH the below information is also needed:

Schneider desires the flexibility to make payments for such goods and/or services by electronic funds transfers through the banking system ("EFT or EDI/DEFT, US or Canadian respectively"), and Company agrees to grant such flexibility.

Therefore, Company hereby (1) authorizes Schneider to make payments for goods and services by EFT or EDI/DEFT (2) certifies it has selected the following depository institution, and (3) directs all such electronic funds transfers be made as provided below. **If your company has bank accounts for both US and Canadian currency fill out a separate form for each.**

Choose one of the following for each selection:

Bank Location: _____ United States Bank _____ Canadian Bank

Currency Type: _____ US _____ Canadian

Name of Banking Institution: _____

Bank Routing/Transit Number: _____

Account Number: _____

*****Please include voided check with this form*****

Remittance options (check one option only):

_____ Email E-mail Address: _____

Please provide only one (1) email address. If you choose this option, your money will be deposited in your account electronically and your remittance will be emailed to you.

_____ Auto Fax Fax Number: _____

If you choose this option, your money will be deposited in your account electronically and your remittance will be faxed directly to you.

Company will give thirty (30) days advance notice in writing to Schneider of any changes in its depository institution or other payment instructions. Changes made to your checking account may not be effective on your next payment. Schneider is not responsible for overdrafts incurred before funds are deposited.

(Name of Company)

Date

(Signature of Authorized Person)

Title

When completed, please return to:

SCHNEIDER

If Company is a Carrier e-mail to: CarrierSupplierSetup@Schneider.com

If Company is a Supplier and not Carrier e-mail to: AccountsPayableVendorRequest@Schneider.com

Or postal mail: Attn: Accounts Payable, P.O. Box 2500, Green Bay, WI 54306-2500

Supplier# (Internal Use Only:)