Schneider Payment Authorization Form — United States/Canada

Supplier/Carrier Name	Carrier MC #
Supplier/Carrier Name	(Carriers Only)
Mailing Address	
Accts Receivable Contact:	
Payment Method	
Check (pay terms net 90)	
Credit Card (pay terms net 20 for non-contracted suppliers with no transactional fees to be charged)	
Email address where remittance should be sent:	
ACH (standard pay terms)	
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, U.S. 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 U.S. and Canadian currency, fill out a separate form for each.	
Bank Location: United States Bank	☐ Canadian Bank
Currency Type: □ U.S.	☐ Canadian
Name of Banking Institution:	
Bank Routing/Transit Number:	
Account Number:	
E-mail Address:	
Signatures	
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

Send completed form to Schneider

- If Company is a Carrier email to: CarrierSupplierSetup@Schneider.com
- If Company is a Supplier and not Carrier email to: APSupplier@Schneider.com
- Or postal mail: Attn: Accounts Payable, P.O. Box 2500, Green Bay, WI 54306-2500

Supplier# (Internal Use Only:)