



The Global Fleet Card Company

Existing Merchant MERCHANT ID _____
AUTOMATED COLLECTION/DISBURSEMENT DEPOSIT AUTHORIZATION

I hereby authorize FleetCor Technologies to initiate credits or debits (and/or corrections to the previous credits or debits) to the institution indicated below. The institution is authorized to credit/debit and/or correct the amounts to my account. The authority is to remain in full force and effect until I revoke it in writing in such time (10 days) and such manner as to afford the institution a reasonable opportunity to act on it. For security reasons, this form will NOT be processed unless data provided on the form matches our database. Please complete all fields legibly.

PLEASE PLACE VOIDED CHECK HERE OR ATTACH BANK LETTER

Financial Institution (Bank, Savings & Loan, Credit Union):
Address:
City: State: Zip:

Type of Account - Circle One
1) Checking 2) Savings
3) Other _____

Financial Institution Routing Number _____
Financial Institution Account Number _____

Company Name:
Street Address:
City, State & Zip Code
Please email my settlement reports to this email address:

Social Security Number or Tax I.D. Number:
AUTHORIZED BY:
Name:
Signature _____
Title & Phone # Date:

To ensure prompt payment please fax immediately to: (281)-214-7064
ATTENTION: Julie Neumann Phone: 800-877-9019 X 17026

INTERNAL USE ONLY
System ID # _____ Site # _____
Merchant # _____
New Merchant [] Existing Merchant [] Ownership Change []
Contact Name _____ Date _____