

OWNER OPERATOR DIRECT DEPOSIT FROM

Driver I.D. # _____

Doing Business As: _____

Social Security #: _____

EIN # (If Incorporated): _____

Bank Name: _____

Bank Telephone: _____

Bank Routing #: _____
(First 9 digits on bottom left-hand corner of your personal checks.)

Account #: _____

Checking Account or Savings Account
(Circle One)

I UNDERSTAND THAT BY SIGNING THIS I AM AUTHORIZING ARNOLD TRANSPORTATION SERVICES TO INITIATE DIRECT DEPOSIT AND THIS WILL REMAIN IN EFFECT UNTIL OTHERWISE INDICATED BY ME, IN WRITING, OR UNTIL MY TERMINATION WITH THE COMPANY.

PLEASE ALLOW 3 WEEKS FOR YOU DIRECT DEPOSIT TO BECOME ACTIVE IN YOUR ACCOUNT.

***PLEASE MAKE SURE FORM IS **FULLY COMPLETED** AND ATTACH A **VOIDED CHECK** TO INSURE PROPER PROCESSING.

Signature: _____ Date: _____

Remit to:

Or Fax to:

Arnold Transportation Services, Inc.
451 Freight Street
Camp Hill, PA 17025
Attn: Payroll Department

717-730-0930