



The National Association of Small Trucking Companies
 1571 Pilot View • Gallatin, TN 37066
 844.264.8500 • Fax 615.451.9918
 www.nastcinsurance.com

**Save Time, Save Money, Save Paper
 Sign up for NASTC's Monthly AutoPay Program**

AutoPay Debit Authorization Form

I. Authorization

This is (Customer) authorization for The National Association of Small Trucking Companies, Inc. (NASTC) to automatically debit my checking account. Please **attach a copy of a voided check** and complete the following:

_____ (Bank Account Number) _____ (Routing/ABA#)

at the _____ branch of _____
 (Financial Institution)

in _____, _____, _____
 (City) (ST) (Phone)

II. Preparation and Transmittal of Entries

I, the Customer, understand that NASTC will prepare entries from invoices provided to charge my bank account. Payment entries will be prepared within five business days from the date of invoice.

Email Address for payment confirmation: _____

NASTC certifies that it is entitled to payment for the amounts invoiced from transactions detailed on same invoice.

III. Non-Sufficient Funds (NSF)

If an entry is returned for non-sufficient funds, I will overnight payment to NASTC for the returned entry amount plus \$30.00 (thirty) return fee – or maximum amount allowable by law. If two entries are returned for NSF, this payment method may no longer be allowed and the services rendered will be subject to termination.

IV. Cancellation

I understand that this authorization will be in effect until I notify NASTC, Inc., 104 Stuart Drive, Hendersonville, TN 37075 and my financial institution in writing that I no longer desire this service, allowing them reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

_____ (Company Name) _____ (Date)

_____ (Authorized Person—Print) _____ (Authorized Person—Signature)

Fax completed form to 615.451.9918 or mail back with your invoice