

Direct Deposit Enrollment Form



Country: USA Canada

Requested Action: Add Change

Vendor Name: _____

Date: _____ FEIN/ SSN/ SIN#/ BIN#: _____

Dynamex, Inc.
5429 LBJ Frwy., Suite 1000
Dallas, TX
USA
75240
www.dynamex.com

Bank Information

We would like our disbursement paid via ACH and deposited in the following bank account:

Account Type (please describe): _____

Bank Name: _____

Bank Routing # / Swift Code or ABA #: _____

Bank Account Number: _____

Bank Address: _____

City: _____ State / Province: _____ Postal Code: _____

You must provide one of the following (select one): Voided Check Bank Letter or Specification Sheet

Contact your bank representative for information.

Do not forget to include either a voided check or bank letter.

Remittance information will be supplied via e-mail. Please provide the e-mail address below.

I authorize Dynamex to deposit funds to the above account. I further understand that in the event of an over payment or funds deposited in error Dynamex reserves the right to reverse any direct deposit(s) and I hereby authorize them to do so. In the event of a reversal of funds, Dynamex will contact the Vendor.

E-mail Address: _____

Vendor Signature: _____ Date: _____