



Direct Payment Authorization Form

Company Name: _____

I (we) hereby authorize Ready Ship Go LLC to initiate credit entries to the designated bank/financial institution and account indicated below:

Bank / Financial Information: Checking ___ Savings ___

Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____

Please include a copy of a voided check and or letter form from your bank / financial institution for verification of banking information,

Email receiving remittance advice: _____

Name: _____ Phone: _____

Authorized Signature: _____ Date: _____

1244 W. Monroe St. Unit 11 – Chicago, IL 60607