



D & J
LOGISTIC SERVICES, LLC.

Quick Pay Form

Information:

Name: _____

Remittance Address: _____

Remittance City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone: _____

E-Mail Address: _____

Banking Information:

Bank Name: _____

Bank Address: _____

Routing #: _____ Account #: _____

Account Type

(please select only one)

Checking()

Savings()

Authorization:

Please sign below to confirm that you are authorizing D & J to begin transferring payments for your invoices to the account mentioned above.

Signature

Title

Phone Number

Date

Please submit the completed form and a copy of a voided check.
Quick Pay fee is 5%.