



Early Debit Authorization

Date: _____

Please debit my Fleet One, LLC account # _____ (six digit account number), TODAY and pay the following invoices:

Invoice #	_____	Amount \$	_____
Invoice #	_____	Amount \$	_____
Invoice #	_____	Amount \$	_____
Invoice #	_____	Amount \$	_____
		Total \$	_____

The total will be debited out of my bank account # XXX_____.
(Enter last 4 digits of bank account number)

Approval Signature _____ Employee ID# _____

During business hours, Monday through Friday 8:00am – 4:30pm Central Time, please fax this completed form to 800.347.8329. If after business hours, please fax to 615.315.4008.