

Supplier #     «Supplier»    

**TUITION REIMBURSEMENT**  
(Internal Use Only)



**SCHNEIDER NATIONAL INC EFT Direct Deposit Form — United States/Canada  
EDI/DEFT Authorization**

Supplier/Carrier Name \_\_\_\_\_ Carrier MC # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Accts Receivable Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Schneider desires the flexibility to make payments for such goods and/or services by electronic funds transfers through the banking system (“EFT or EDI/DEFT, US or Canadian respectively”), and agrees to grant such flexibility.

Therefore, Company hereby (1) authorizes Schneider to make payments for goods and services by EFT or EDI/DEFT (2) certifies it has selected the following depository institution, and (3) directs all such electronic funds transfers be made as provided below:  
*If your company has bank accounts for both US and Canadian currency you will need to fill out a separate form for each.*

**Choose one of the following for each selection:**

Bank Location:                    \_\_\_\_\_ United States Bank                    \_\_\_\_\_ Canadian Bank

Currency Type:                    \_\_\_\_\_ US                    \_\_\_\_\_ Canadian

Account Type:                    \_\_\_\_\_ Checking

Name of Banking Institution: \_\_\_\_\_

Bank Routing/Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**\*\*\*\*\*Please Attach or Fax With Your Form a Voided Check/Cheque\*\*\*\*\***

**Remittance options: (Check one option only)**

\_\_\_\_\_ Remittance to be included with the electronic funds transfer through the banking system - select only if your bank is EDI capable.  
**If you choose this option you and your financial institution must decide how they will get the remittance to you.**

\_\_\_\_\_ Auto Fax      Fax Number \_\_\_\_\_  
**If you choose this option your money will be deposited in your account electronically and your remittance will be faxed directly to you.**

\_\_\_\_\_ Email      Email Address: \_\_\_\_\_  
**If you choose this option, your money will be deposited in your account electronically and your remittance will be emailed to you.**

Company will give thirty (30) days advance notice in writing to Schneider of any changes in its depository institution or other payment instructions. Changes made to your checking account may not be effective on your next payment. Schneider National Inc is not responsible for overdrafts incurred before funds are deposited.

\_\_\_\_\_  
**(Name of Company)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**(Signature of Authorized Person)**

\_\_\_\_\_  
**Title**

Bank of Montreal only

\_\_\_\_\_ Option A: Payment and Remittance are transmitted together through the banking system.

\_\_\_\_\_ Option B: Payment only transmitted to Bank.

When completed, please fax or mail to:      Schneider National Inc  
Attn: Accounts Payable  
PO Box 2500  
Green Bay, WI 54306-2500  
Phone #(920) 592-2813      Fax #(920) 403-8392