

## **Electronic Funds** Transfer Authorization Form

Please fill out & complete this authorization. All information will remain confidential.

Name of Business			
Contact Name:	Phone ()		
Address	City	State	Zip
Bank Account Type Personal	Business Bank Name: _		
Bank Routing #	Bank Account #:		
Name on Account:			
Address	City	State	Zip
Bank Phone# ()	Bank Manager/Contact N	ame:	
C	ustomer Authorization		
I do certify that I have the full capacity and authorabove for all due balances.  By signing the below you are agreeing to allow Usual balances on all invoiced purchases. Statements along with draft date. You will be notified in advaday draft will be done on a weekly or daily bases addition to late fees.  Any errors or disputes on invoiced amount will or corrected on next week statement.  This authorization is/will remain in full force and notification from me/us of its termination in such	nited Refueling, LLC to Auto Draft Ba are ran weekly and will be emailed to unce of any statement date changes. Yo. A \$38.00 NSF Charge will be assessed not stop the current auto bank draft. A	nk Account for the cu you with amount tha ou will be notified in a d to all Non Sufficient Any errors or disputes or <b>Customer</b> has rec	rrent or pass due at will be drafted advance on which Fund Drafts in as will be addressed
Authorized Signature	Printed Name		
Title	 Date		

Please Attach a Blank Voided Check Below