



5923 W. Imlay City Rd.
P.O. Box 66
Imlay City, MI 48444

Fax: 810-724-3330
www.parschoil.com

ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

Customer Name _____
Address _____
City, State, Zip _____
Phone _____ Fax _____
E-Mail Address _____
Al Parsch Oil & Propane Co., Inc. Account Number _____

_____ (“Customer”) does hereby authorize Al Parsch Oil & Propane Co. to initiate debit and/or credit entries to Customer’s checking/savings account indicated below and does further authorize the depository institution named below to debit and/or credit such entries to the customer’s account.

Bank Name _____
Bank Address _____
Bank Address _____
Bank Routing Number _____ (Attach copy of voided check)
Customer Bank Account Number _____
Checking _____ Savings _____
Bank Contact Person _____
Bank Telephone Number _____

Choose One Option

Budget ___ EOM Statement Balance ___ Per Delivery ___ Single Authorization ___

This authorization shall remain in effect until terminated upon thirty (30) days’ written notice by either Customer or Al Parsch Oil & Propane Company. Notice of termination shall in no way affect debit and/or credit entries initiated prior to actual receipt of notice. This EFT program can be terminated or modified by Al Parsch Oil & Propane Company at any time.

All credit and other terms and requirements between Customer and Al Parsch Oil & Propane Company remain in effect.

CUSTOMER AUTHORIZATION:

Authorized Signature

Date