



PO BOX 488 Klamath Falls, OR 97601
PH: 541.887.8547
FAX: 541.887.8575

EFT AUTHORIZATION FORM

Account #: _____

EFT Amount: Balance Due

Paid on: 10th & 25th of each month (unless otherwise agreed upon in writing)

Thank you for requesting Automatic Payment Service. Please complete the EFT Bank information and return to your local office or mail back to the PO Box referenced above. Your automatic payment will be started with the next payment due date, and continuing each month thereafter.

We/I hereby authorize Ed Staub & Sons Petroleum, hereinafter called Company, to initiate debit entries to our checking account indicated below and the depository institution named below, hereinafter called Depository, to debit the same account, for monthly fuel deliveries.

Financial Institution Information

Bank Name

Address

City State Zip

Transit/ABA Account #

Checking () Savings ()

This authority is to remain in full force and effect until Company has received written notification from me, or its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Name

Date