



## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name : C&I Oil Company

Company ID Number : 74-2203249

I hereby authorize C&I Oil Company, hereinafter called COMPANY, to initiate debit entries to my (select type of account):

\_\_\_ Personal

\_\_\_ Business

AND

\_\_\_ Checking Account

\_\_\_ Savings

\* NOTE : PLEASE INCLUDE A VOIDED CHECK  
WITH THIS FORM

Indicated below at the depository financial institution named below, hereafter called DEPOSITORY and to debit the same to such account. I acknowledge that the origination of the ACH transactions to my account must comply with the provision of U.S. Law.

DEPOSITORY NAME: \_\_\_\_\_

CITY \_\_\_\_\_ STATE and ZIP CODE \_\_\_\_\_

ABA Routing # : \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

NAME on ACCOUNT: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner to afford COMPANY and DEPOSITORY opportunity to act on it. If this is an OPEN Account with COMPANY ON N-20 DAYS, COMPANY shall send prior notification by email, to email account on file with my account with COMPANY, at least 2 business days in advance of ACH transactions on my account. If this is an OPEN Account with COMPANY with its FLEET FUELING operations and a Private Card has been issued for my use or my businesses use, I understand that the ACH transaction will occur at the end of each billing cycle, which is every 10 days. If this is an OPEN Account, with TERMS, please write OPEN in the AMOUNT area.

Name: \_\_\_\_\_ (Please Print)

Date: \_\_\_\_\_ Signature \_\_\_\_\_

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Remit to: [credit@cioil.us](mailto:credit@cioil.us)