

## EFT AUTHORIZATION

**INSTRUCTIONS:** Complete the form below and attach an unsigned and voided check from this account to assist in verifying data.

The undersigned authorizes Apex Oil Company, Inc. hereafter called "Company" to initiate debit entries to the account indicated below. In the event an error is made, the undersigned authorizes the financial institution named below, hereafter called "Institution", to credit the amount of such error to the account below.

This authority is to remain in full force and effect until revoked by the undersigned. Any revocation is effective only after Company has received written notice from the undersigned to terminate this agreement in such time and manner to afford a reasonable opportunity to act prior to charging the account.

COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ CONTACT \_\_\_\_\_  
FAX FOR NOTIFICATION \_\_\_\_\_

BANK NAME \_\_\_\_\_  
BANK ADDRESS \_\_\_\_\_  
BANK ACCOUNT NO. \_\_\_\_\_ ROUTING NO. \_\_\_\_\_  
BANK PHONE NO. \_\_\_\_\_ BANK CONTACT \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_  
BUSINESS TITLE \_\_\_\_\_ DATE \_\_\_\_\_