
ACH Authorization Form

NO FRILLS OIL CO

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize **No Frills Oil** to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until **No Frills Oil** is notified by me (us) in writing to cancel it in such time as to afford **No Frills Oil** and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State & Zip)

(Signature)

(Date)

(Name – PLEASE PRINT)

(Address – PLEASE PRINT)

Set Amount: _____ or Maximum Amount: _____

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

These numbers are located in the bottom of your **check** (not a deposit slip) as follows:

⑆ 1 2 3 4 5 7 8 9 0 ⑆ 1 2 3 4 5 7 8 9 0 1 2 3 "" **Please include voided check or copy of check

Routing Number

Account Number

* A FEE OF \$25.00 WILL BE CHARGED TO YOUR ACCOUNT IF FUNDS ARE UNAVAILABLE AT TIME OF TRANSFER *