



Account #: _____

EFT Authorization Form

(Name of Financial Institution)

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

Bank Routing # _____

Checking or Savings

Checking Account #: _____ Savings Account #: _____

Notification Option: No Notification Needed: _____ E-Mail Address: _____
(1 Day Advanced Notice)

I (we) hereby authorize Foster Blue Water Oil LLC to initiate entries to my (our) checking/savings account at the financial institution listed above, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Foster Blue Water Oil LLC is notified by me (us) in writing to cancel (30 day written notice required) or of any change of bank account number or bank in such time as to afford Foster Blue Water Oil LLC and the financial institution a reasonable opportunity to act on it.

Customer assumes responsibility for any erroneous information provided in this authorization.
Notice of termination in no way affects debit or credit transactions initiated prior to actual receipt of notice.

I understand my invoices and statements will show a balance due, but Foster Blue Water Oil LLC will make withdrawals from my account and **no other action will be necessary from me** until my account is removed from the program.

Signed: _____ Date: _____

Printed Name: _____

I would like to receive a copy of this form back for my records

Please return signed form and a voided check:

Fax – (586)727-4311 Or Mail back to:
Foster Blue Water Oil LLC
Attn: Credit Department (EFT)
PO Box 430
Richmond MI 48062-0430

Budget payments will be withdrawn on the 10th of the month (July through May)
Non-Budget payments will be withdrawn according to account terms