



Customer No. _____

**ACH Authorization Form
CREDIT/DEBIT AUTHORIZATION FORM**

I (we) hereby authorize FOSTER BLUE WATER OIL to initiate entries to my (our) checking /saving account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until FOSTER BLUE WATER OIL is notified by me (us) in writing to cancel (30 day written notice) or of any change of bank account number or bank in such time as to afford FOSTER BLUE WATER OIL AND THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

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

Financial Institution ABA/Routing Number: _____

Checking Acct. No: _____ Savings Acct. No: _____

Budget or Non-Budget (Please Circle One) Budget Amount: _____

(Signature)

(Please Print Name)

Telephone No: _____

Dedicated Fax No: _____

Notification Option:
(24 hour notice)

E-Mail Address: _____

No Notification Needed: _____

Fax a copy of this form and a voided check to : 586-727-4311 OR
Mail a copy of this form and a voided check to:

Foster Blue Water Oil
Credit Department
P.O. Box 430
Richmond, MI 48062

**Budget/Non-Budget Payments will be withdrawn on the 10th of the Month
(Weekends/Holidays will be withdrawn on the next business day)**

*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.*