



Electronic Funds Transfer/ Automatic Payment/ Deposit Authorization

I hereby authorize **Offen Petroleum, Inc.** to initiate credit or debit entries to my (our) account indicated below and the financial institution named below. I (we) acknowledge that the origination of the ACH transactions to my account must comply with the provisions of the laws of the United States.

Financial Information for EFT payments

Name of Financial Institution: _____

Address: _____

City/State/Zip: _____

Name of Account Holder: _____

Transit Routing Number: _____

Account Number: _____

Where would you like EFT notice sent? Email: _____

Fax: _____

Customer Information:

Customer Name: _____

Store or Company Name: _____

Address: _____

City/State/Zip: _____

*If payment date falls on a non-business day, they will be processed on the following day.

This authorization is to remain in full force and effect until **Offen Petroleum, Inc.** has received written notification of its termination in such time and manner as to afford **Offen Petroleum, Inc.** a reasonable opportunity to act on it.

Print Individual Name: _____

2nd Name (if applicable): _____

Signature: _____ Date: _____

2nd Signature (if applicable): _____ Date: _____

Please attach a voided check to this authorization