



AUTHORIZATION FOR AUTOMATIC EFT PAYMENTS

Ernie's Account Number: _____
 (company name) (office use only)

Located at: _____
 (address) (city/state/zip)

Hereby authorizes Ernie's Fueling Network to initiate debit entries to the depository institution named below.

Institution/Bank Name:	
Branch:	
Street Address:	
City/State/Zip:	
Telephone:	
Checking Account Number:	
Routing/Transit/ABA Number:	

This authorization agreement allows Ernie's Fueling Network to charge debits to this account via the payment box checked below. This authority is to remain in full force until Ernie's Fueling Network and Depository have received thirty (30) days advance written notification.

<input type="checkbox"/>	EFT PAYMENT TERM	FUELING PERIODS	INVOICE DATE	INVOICE SEND DATE	EFT DRAFT DATE
<input type="checkbox"/>	MONDAY	MON - SUN	SUNDAY	MONDAY	DRAFT MONDAY OF FOLLOWING WEEK - 8 DAYS FROM INVOICE DATE
<input type="checkbox"/>	THURSDAY	MON - SUN	SUNDAY	MONDAY	DRAFT THURSDAY OF SAME WEEK - 4 DAYS FROM INVOICE DATE
<input type="checkbox"/>	10 TH & 25 TH	1 ST - 15 TH 16 TH - 31 ST	15 TH 31 ST	16 TH 1 ST	DRAFT ON 25 TH DRAFT ON 10 TH OF FOLLOWING MONTH
<input type="checkbox"/>	15 TH & 30 TH	1 ST - 15 TH 16 TH - 31 ST	15 TH 31 ST	16 TH 1 ST	DRAFT ON 30 th DRAFT ON 15 TH OF FOLLOWING MONTH
<input type="checkbox"/>	OTHER				

 (Company Name)

 (Date)

 (Authorized Signature)

 (Title)

 (Printed Name)

 (E-mail Address)

- 1) There will be a \$30.00 charge for any draft returned not paid by your bank.
- 2) Attach a **voided check** with this authorization form.
- 3) Advance notification of the draft will be made via e-mail invoice following each billing period to above e-mail listed.