



37333 S. HURON RD., NEW BOSTON, MI 48164
734-941-1610 | FAX 734-753-3301

Master Account Number	Sales Representative
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DATE RECEIVED:

EFT Authorization

Thank you for your interest in Chapp & Bushey Oil. We look forward to the opportunity to service your needs and account. Please take time to completely fill-out this form so that Chappy & Bushey can meet all of your needs. CUSTOMER hereby authorizes Chappy & Bushey Oil Co., Inc. hereinafter called COMPANY, to initiate debit and credit entries to the checking account indicated below and the bank named below, hereinafter called BANK, to debit and credit the same to such account for the purposes of payment of product invoices in accordance with the payment terms of the invoice. CUSTOMER has the right to stop payment of a debit entry by notification to the BANK prior to charging account.

PLACE COPY OF VOIDED CHECK HERE

BANK INFORMATION			
BANK NAME		BRANCH	
BANK ADDRESS	CITY	STATE	ZIP
BANK ROUTING NUMBER			
BANK ACCOUNT NUMBER			
BANK ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> OTHER:			
VERIFIED	VERIFIED BY	TEST DATE	TESTED BY

This authority may be terminated upon thirty days written notice of its termination from CUSTOMER to the COMPANY. A copy of this form may be forwarded to your BANK.

_____	_____	_____
Customer	Signed	Date
_____	_____	_____
Title	Federal Tax ID	Name Printed