AUTHORIZATION FOR ELECTRONIC PAYMENT

	Customer Name	Customer #
	Bank Name	Bank Address
	Bank ABA Routing # (9 digits)	
	Bank Account #	☐ Checking Account ☐ Savings Account
	E-mail Address for Pre-notifications	
This	authorization is to allow Point Bay Fuel to charge	e my bank account for the services checked below:
Budget Plan \Box 10 th of the month \Box 15 th of the month		
	One Time Payment – Amount: Reoccurring Monthly Payment – Amount:	
Fuel (Oil Delivery – Net 30 Days (Non Budget) One Time Payment – Amount: Pay Monthly Statement	
	ng/Air Conditioning Services One Time Payment – Amount: Pay Monthly Statement	
the no		en above. All other draft dates will be in accordance with provide us with your email address, we will send you are aft date.
Associated	ciation, (ACH). Funds will be transferred from y	(TD Bank) through the Automated Clearing House our bank account listed above to the depository account in full force and effect until Point Bay Fuel has received
	Signature	Date

* * * * Please attach a sample voided check to this form * * * *