



ACH DEBIT AUTHORIZATION AGREEMENT FORM

ALL INFORMATION MUST BE PRINTED OR TYPED

NAME OF COMPANY OR INDIVIDUAL:		
MAILING ADDRESS (STATEMENTS AND INVOICES):		
CITY:	STATE:	ZIP:
BUSINESS PHONE:	FAX NUMBER:	
COMPANY TAX ID # OR SSN:		

I (We) hereby authorize DILMAR OIL COMPANY, INC., to initiate debit entries and/or correction entries to our checking savings account (check one) indicated below at the depository named below, herein called DEPOSITORY, to credit the same such account.

DEPOSITORY NAME:		
BRANCH:		
CITY:	STATE:	ZIP:
BANK TRANSIT / ABA NUMBER:		
ACCOUNT NUMBER:		

This authorization is to remain in full force until DILMAR OIL COMPANY, INC. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford DILMAR OIL COMPANY, INC., and DEPOSITORY reasonable opportunity to act upon it.

PRINTED NAME: _____ **TITLE:** _____

AUTHORIZED SIGNATURE: _____ **DATE:** _____

AUTHORIZED SIGNATURE: _____ **DATE:** _____

******* PLEASE ATTACH VOIDED CHECK *******

SEND COMPLETED ORIGINAL FORM WITH CREDIT APPLICATION TO:

MAILING ADDRESS: DILMAR OIL COMPANY | CREDIT DEPARTMENT | PO BOX 5629 | FLORENCE, SC 29502-5629
EMAIL ADDRESS: CREDIT@DILMAR.COM
FAX NUMBER: (843) 664-0637

DILMAR OIL COMPANY - INTERNAL USE ONLY			
ACCOUNT NUMBER:	REVIEWED / APPROVED BY:	SETUP BY:	DATE: