



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