



**KATH FUEL OIL SERVICE CO.
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
ACH DEBITS**

Kath Fuel Oil Service, Co. Kath Customer Acct # _____

I (We) hereby authorize **Kath Fuel Oils Service, Co.**, hereinafter called Kath, to initiate debit entries to my (our) Checking/ Savings Account (**circle one, Checking will be debited if no selection**) indicated below at the depository financial institution named below, hereinafter called Bank, and to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I (We) acknowledge that a debit entry to my (our) account will remove money from my (our) account.

Account Name _____

Bank Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization will remain in full force and effect until Kath has received written notification from me (us) of its termination in such time and in such manner as to afford Kath and the Bank a reasonable opportunity to act on it.

Name _____ TITLE _____

Signature _____ DATE _____

Social Security Number or Federal ID _____

FAX # OR E-MAIL FOR DRAFT ALERT _____

****Please attach copy of voided check ****

EFT Draft Terms: **Net 10 days**

Credit Available: \$ _____