



Please fax back to credit department
(863) 763-1577

ACH NOTIFICATION AUTHORIZATION

CONTACT NAME/TITLE _____

CONTACT PHONE # _____

CONTACT FAX # _____

CUSTOMER'S LEGAL NAME _____

ADDRESS: _____

CORPORATION

SOLE PROPRIETOR

OWNER/OPERATOR

FEDERAL ID # _____

CUSTOMER'S BANK: _____

BRANCH: _____

BANK CITY: _____ STATE _____

ZIP _____

ROUTING # _____

ACCOUNT# _____

PERSON AUTHORIZED TO SIGN: _____

SOCIAL SECURITY # _____

I hereby authorize Palmdale Oil Company, Inc. to draft our bank account on a weekly basis for invoices 10 days old.

ACH drafts will be scheduled with your accounting division, and a pre-note will be sent to your office by fax 1 to 3 days in advance of drafts.