



ACH NOTIFICATION AUTHORIZATION

Please return the completed form to the credit department:
Fax: (561) 784-0700 or Email: Kim@PalmdaleOil.com

CONTACT NAME/TITLE: _____

CONTACT PHONE #: _____ CONTACT FAX #: _____

EMAIL ADDRESS: _____

CUSTOMER'S LEGAL NAME: _____

PREFERRED METHOD OF NOTIFICATION: EMAIL OR FAX

ADDRESS: _____

CORPORATION SOLE PROPRIETOR OWNER/OPERATOR

FEDERAL ID #: _____

CUSTOMER BANK: _____ BRANCH: _____

BANK CITY: _____ STATE: _____ ZIP CODE: _____

ROUTING #: _____ ACCOUNT #: _____

PERSONAL AUTHORIZED TO SIGN: _____

SOCIAL SECURITY #: _____

I hereby authorize Palmdale Oil Company, Inc. to draft our bank account per approved credit terms.
ACH drafts will be scheduled with your accounting division, and a pre-note will be sent to your
office by fax or email, 1 to 3 days in advance of drafts.