

# LYNCH OIL

1244 E. Carroll St., Kissimmee, FL 34744  
P: (800) 874-4161

## AUTHORIZATION FOR ELECTRONIC FUND TRANSFER

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### PLEASE ATTACH A COPY OF A VOIDED CHECK

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

I (we) the above listed, hereby authorize Lynch Oil, to initiate debit and/or credit entries to my (our) account at the financial institution named above to debit and/or credit the same to such account for amounts due to Lynch Oil.

I (we) further agree to the following terms and conditions:

1. A \$39.00 processing fee will be debited to our account for each transfer returned to Lynch Oil for non-sufficient funds or any other reason which would cause the funds to be unavailable for drawing by Lynch Oil.
2. Lynch Oil will be reimbursed by the company or certified check (at Lynch Oil's discretion) for the gross amount of each invoice not paid by electronic transfer in addition to the processing fee described in (1) above.
3. Lynch Oil reserves the right to withdraw this program at any time.
4. All other terms and conditions of sale and credit shall remain in effect.

This authorization is to remain in full force and effect until Lynch Oil has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Lynch Oil and the Financial Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
Authorized Signature (Individually)      Print Name      Authorized Signature      Print Name

\_\_\_\_\_  
Title      Date      Title      Date