

Recurring ACH Debits Authorization Form

This is permission for recurring debits. As an authorized signor on the Depository Account presented, by completing and signing this form you give Savage Oil Company permission to charge/debit your account for the amount indicated on or after the indicated date. This authorization is to remain in full force and effect until Savage Oil Company has received written notification from me of its termination. **

Please complete the information below:

I _____ as an authorized signor, authorize Savage Oil Company to charge/debit my
 (Full name)
 account indicated below for \$ _____ on or after _____. These payments are for
 (Amount) (Date)
 _____. My Account / Invoice Number is _____
 (Description of goods/services/on account)

Billing Address _____ Phone# _____
 City, State, Zip _____ Email _____

Frequency: **Weekly** **Monthly** **Annual basis,** _____ **Number of Payments**

Depository Bank _____	Checking <input type="checkbox"/>	
Routing Number _____	Savings <input type="checkbox"/>	
Account Number _____		

I acknowledge that a minimum Non-Sufficient Funds (NSF) fee of \$25 may be charged by Savage Oil Company to me in the event there are insufficient funds available at the time the ACH payment is submitted. I authorize Savage Oil Company to charge/debit the account indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services/account/invoice described above, for the amount indicated above and only for the occurrences indicated. I certify that I am an authorized signor on this Depository Account.

SIGNATURE _____ DATE _____

Fax to: 915-590-7628

Scan & Email to: jmoreno@savageoilco.com

I, _____ hereby **Revoke my Authorization for the charges/debits to the account. I understand that my right to place a stop payment exists only as long as I request and deliver this written stop payment notice at least three days prior to the scheduled settlement date.