



1681 West Main St.  
Alliance, OH 44601  
Phone: 330-821-8387  
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Powersoilandpropane.com  
[customercare@powersoilandpropane.com](mailto:customercare@powersoilandpropane.com)

### Electronic Funds Transfer Authorization

Customer Name: \_\_\_\_\_ (hereinafter called Customer)

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

Customer City, State: \_\_\_\_\_ Postal Code/Zip Code: \_\_\_\_\_

Customer Contact Name: \_\_\_\_\_ Customer Email: \_\_\_\_\_

Customer Phone: \_\_\_\_\_ Customer Fax: \_\_\_\_\_

CUSTOMER hereby authorizes Powers Oil Company LTD dba Powers Oil and Propane hereinafter called COMPANY, to initiate electronic funds transfer ("EFT") for: (1) withdrawal of funds ("Debit Entries") to effect payment by CUSTOMER and, if applicable, (2) payment to CUSTOMER ("Credit Entries") by COMPANY. CUSTOMER also authorizes COMPANY to originate debit entries and credit entries for adjustment of erroneous entries. CUSTOMER will be responsible for the accuracy of information supplied to the COMPANY pursuant to this authorization. CUSTOMER shall indemnify and hold COMPANY harmless for any damages, costs, or expenses that it may incur should this representation and warranty not be true at any time during the existence of this authorization.

CUSTOMER hereby authorizes the Bank (s)/Financial Institution (s) named below, hereinafter referred to as BANK, to make EFT Debit Entries, Credit Entries, and adjustments of erroneous entries initiated by COMPANY from or to the bank account (s) designated below.

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

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

Bank City, State: \_\_\_\_\_ Postal Code/Zip Code: \_\_\_\_\_

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

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Credit Card \_\_\_\_\_

All automatic payment schedules will be drawn the day (1) day after the transaction date unless the customer specifies otherwise here: \_\_\_\_\_

This authorization becomes effective on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and shall continue as long as CUSTOMER has a relationship with COMPANY or provides a written request for termination upon fifteen (15) days advance written notice to the COMPANY in person or via certified mail (postage prepaid and return receipt requested), to the COMPANY at: 1681 West Main St. Alliance, OH 44601

CUSTOMER agrees to maintain sufficient funds in the above -designated bank account (s) to pay EFT Debit Entries when initiated. If any debit to CUSTOMER's account should fail due to insufficiency of available funds, COMPANY shall be entitled to recover from CUSTOMER all fees and charges imposed by BANK and other reasonable administrative fees by reason thereof and CUSTOMER shall forfeit any discounts or other allowances applicable to the transaction(s) giving rise to such failure of funds. Any such occurrence of insufficient funds may result in termination of CUSTOMER's credit line. Nothing in this agreement shall obligate COMPANY to withdraw from or credit CUSTOMER's accounts by EFT. Please note fast pay discounts do not apply for EFT transactions initiated by the company.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Company Title (if applicable)