

Chapp & Bushey Oil Co. 37333 South Huron Rd. New Boston, MI 48164 Main # (734) 941-1610 Fax # (734) 753-3301 www.ChappOil.com

Master Account Number	Sales Representative			

DATE RECEIVED:

EFT AUTHORIZATION							
Thank you for your interest in Chapp & Bushey	Oil. We look forward to the oppo	ortunity to service you	r needs and account.	Please take the time to			
completely fill-out this form so that Chapp & Bushey can meet all of your needs. CUSTOMER hereby authorizes Chapp & Bushey Oil Co., Inc.							
hereinafter called COMPANY, to initiate debit and credit entries to the checking account indicated below and the bank named below, hereinafter							
called BANK, to debit and credit the same to such account for the purposes of payment of product invoices in accordance with the payment							
terms of the invoice. CUSTOMER has the righ	t to stop payment of a debit entry	y by notification to the	BANK prior to charging	ng account.			
PLACE COPY OF VOIDED CHECK HERE							
BANK INFORMATION:							
BANK NAME			BRANCH				
BANK ADDRESS		CITY		STATE	ZIP		
BANK ROUTING NUMBER		l .		•	1		
BANK ACCOUNT NUMBER							
BANK ACCOUNT TYPE CHECKING	SAVINGS	OTHER:					
VERIFIED VER	IFIED BY	TEST DATE		TESTED BY	TESTED BY		
This authority may be terminated upon th forwarded to your BANK.	irty days written notice of its	termination from Cl	USTOMER to the C	COMPANY. A copy of	this form may be		
CUSTOMER	SIGNED		DATI	E			

TITLE ______ FEDERAL TAX ID _____ NAME PRINTED ___