



559-686-5837

Automated Payment Form

Company Name:	Name on Bank Account:
Address:	Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking
Banking Institution:	Bank Account Number:
ACH Routing Number:	Email Address:

By signing below, I hereby authorize ROCHE OIL INC. to complete an Automated Clearing House (ACH) debit payment on behalf of the above listed company. I understand that the money will be transferred from my account **7 Days** following the fuel being delivered to our location. I understand that this payment will be automatic and I need to contact Roche Oil Inc. immediately if there are any changes in my information. I understand that this agreement will remain in effect until it has been cancelled in writing by the above named person or representative of the company.

Signature:	Name:
Date:	Phone Number: