

1221 N. Nappanee St. ■ P.O. Box 1097 Phone (574) 264-2107 ■ (800) 860-2107

Elkhart, IN 46515-1097 Fax (574) 264-1475

www.yoderoil.com

**EZ Pay Program**

**Preauthorization for Yoder Oil Co., Inc. Initiated Debits/Credits**

The undersigned customer (“customer”) hereby authorizes Yoder Oil Co., Inc. (Yoder Oil) to originate debit/credit entries by electronic funds transfer to the customer’s checking account indicated below and further authorizes the Depository Institution named below (“bank”) to accept and to debit or credit the amount of such entries to the customer’s account. Customer’s participation in the EZ Pay program will begin as soon as possible after necessary banking network pre-authorizations are verified and operational.

Entries will be initiated by Yoder Oil through PNC Bank and withdrawn from customer’s account on the Invoice Due Date (except if it falls on a weekend or holiday, in which case would be the business day before). Transfer will originate through PNC Bank for credit or debit to Yoder Oil Co., Inc.

Cancellation of this authority shall occur thirty (30) days after Yoder Oil and the bank each have received written notification from the customer of the termination of the authority granted herein.

The customer understands that transfer requests (drafts) will be honored only if sufficient funds are available in the designated checking account. A fee of $50.00 will be charged for any EFT that is returned as insufficient funds.

**Financial Institution Information**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Bank Name: |   |   |   |   |   |   |   |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Address: |   |   |   |   |   |   |   |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| City: |   |   |   | State: |   | ZIP Code: |   |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Bank Account No.: |   |   |   |   |   |   |   |

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| --- | --- | --- | --- | --- | --- |
| ABA / Transit Routing No.: |   |   |   |   |   |

 ***Please attach a voided check from the designated checking account***

**Customer Information and Signature**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Customer Name: |   |   |   |   |   |   |   |

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| Address: |   |   |   |   |   |   |   |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| City: |   |   |   | State: |   | ZIP Code: |   |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Telephone No.: |   |   |   |   |   |   |   |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Printed Name: |   |   |   |   | Title: |   |   |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Signature: |   |   |   |   | Date: |   |   |