



## Direct Debit Payment Authorization Form

I hereby authorize Santarelli and Sons Oil, Inc. to initiate debit entries to my account with the financial institution indicated below. This authorization is to remain in full force and effect until Santarelli and Sons Oil, Inc. has received written notification from me of its termination; at such time and in such manner as to afford Santaarelli and Sons Oil, Inc. and the financial institution no later than 15 days before the next transaction effective date to act on my request.

Customer Name _____ Please Print	Customer # _____
Customer Signature _____	Date _____

<b>Bank Account Information</b>	
Depository Bank Name _____	( ) Checking ( ) Savings
City _____ State _____ Zip _____	
Routing/Transit Number _____	Account Number _____

**NOTE: IN THE CASE OF REVOKED AUTHORIZATION, ALL WRITTEN AUTHORIZATIONS MUST BE REVOKED ONLY BY NOTIFYING THE ORIGINATOR (SANTARELLI) IN WRITING NO LATER THAN 15 DAYS BEFORE THE NEXT TRANSACTION EFFECTIVE DATE.**

**PLEASE ATTACH A VOIDED CHECK PER ACCOUNT TO THIS FORM.**

The diagram shows a check with the following fields and callouts:

- Payor:** John & Jane Doe, 123 Your Street, Anywhere, USA 12345
- Date:** \_\_\_\_\_
- Pay To The Order Of:** \_\_\_\_\_
- Amount:** \$ \_\_\_\_\_ DOLLARS
- Bank:** YOUR BANK, 123 Your Bank's Street, Anywhere, USA 12345
- Memo:** \_\_\_\_\_
- Routing & Transit Number:** :0 1 2 3 4 7 6 7 8 1 :
- Account Number:** 1 2 3 4 5 6 7 8 9
- Check Number:** 200 1

Callouts:

- Checking Account # (usually follows the Routing & Transit #):** Points to the '2001' box.
- Routing & Transit # (9 digit number between these two symbols):** Points to the '0 1 2 3 4 7 6 7 8 1' box.
- Check Number (is not needed to complete this form):** Points to the '200 1' box.

\*This form is intended for one banking institution. For multiple banking institutions, please complete a different form for each institution.