



PETROLEUM PRODUCTS - WHOLESALE - RETAIL  
P.O. Box 903 - Chesterton, Indiana 46304  
Phone: (219) 926-8656  
Fax: (219) 926-9683

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT

CUSTOMER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TAX ID NUMBER: \_\_\_\_\_

I (we) hereby authorize Paulson Oil Company hereafter called **COMPANY**, to initiate debit and/or credit entries to my (our) Checking or Savings account indicated below and the depository named below, hereinafter called **DEPOSITORY**, to debit and/or credit the same to such account. **COMPANY** will contact **DEPOSITORY** before first initial preauthorized transaction. **COMPANY** will provide notification to **DEPOSITORY** **\*5 DAYS\*** before any debit and/or credit is initiated.

DEPOSITORY (BANK) NAME: \_\_\_\_\_

DEPOSITORY ADDRESS: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

TRANSIT/ABA NUMBER: \_\_\_\_\_

(Attach copy of voided check)

DEPOSITORY CONTACT: \_\_\_\_\_

DEPOSITORY TELEPHONE #: \_\_\_\_\_

### CUSTOMER AUTHORIZATION:

AUTHORIZED SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

This authorization shall remain in full force and effect until **COMPANY** and **DEPOSITORY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act upon it.