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## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Customer Name: \_\_\_\_\_

Customer ID Number: \_\_\_\_\_

I (we) authorize Fronk Oil Company, Inc., hereinafter called Company to initiate debit entries to my (our)  **Checking**  **Savings** account indicated below and the depository named below, hereinafter called Depository to debit same to such account.

Depository Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit ABA Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

This authority is to 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 on said notification.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Draft Notification Option:

Mail  Email: \_\_\_\_\_

Please attach a **VOIDED** check to this form (a deposit slip will not be accepted).

Your account will be drafted on the due date of each invoice, unless other arrangements are made with our office.