

# Associated Petroleum Products, Inc.

PO Box 1397, Tacoma, Washington 98421

## *Authorization Agreement for Direct Payments ACH Debits*

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

I (we) hereby authorize ASSOCIATED PETROLEUM PRODUCTS, INC., to initiate debit entries to my (our):

(  ) Checking Account      (  ) Savings Account

as indicated below, and I (we) authorize the depository financial institution named below, hereinafter called Depository, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S.

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

Transit Routing / ABA Number: \_\_\_\_\_

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

This authorization is to remain in full force and effect until ASSOCIATED PETROLEUM PRODUCTS, INC. has received written notification from me of its termination. Notification will be given in such time and in such manner as to afford ASSOCIATED PETROLEUM PRODUCTS, INC. and Depository a reasonable opportunity to act on it.

Date \_\_\_\_\_

Signed \_\_\_\_\_

*Please attach a sample VOIDED CHECK here*