



EFT CUSTOMER ENROLLMENT FORM

Enrolling in EFT is required for fuel purchases*

Please attach a voided check or bank letter for EFT Account Confirmation

Company Name:* _____

SSN or Taxpayer ID#:* _____

Name of Banking Institution:* _____

Bank Account Number: * _____

Bank ABA Routing Number:* _____

Type of Bank Account:* _____

Bank Address:* _____

Company Contact / Title:* _____

Company Contact's Telephone Number:* _____

Company Contact's Email Address: (for payment Notification)* _____

Customer hereby authorizes ROC to initiate electronic funds transfer debit and credits entries to Customer's deposit account described below and does further authorize the financial institution described below to debit or credit such entries to the Customer's account.

Signature of Duly Authorized Representative* _____ Title _____

Printed Name of Signor* _____ Date _____