

Finish Line Fuels, LLC
AUTHORIZATION FOR DIRECT PAYMENTS
(ACH DEBITS)

Company Name _____

I (we) hereby authorize Finish Line Fuels, LLC , hereinafter called COMPANY, to initiate debit entries to my account indicated below and the depository financial institution named below, hereinafter called BANK, and 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. law.

BANK
NAME _____

ROUTING NO.(9 digit no.) _____ ACCOUNT _____

Amount _____ Frequency _____ Checking _____ Savings _____

This authority is to remain in full force and effect until Finish Line Fuels, LLC has received written notification from me of its termination in such time and in such manner as to afford Finish Line Fuels and BANK a reasonable opportunity to act on it.

NAME _____
(Please print)

DATE _____ SIGNED _____

Please remit form to : service@finishlinefuels.com or Fax (479)751-2639 or Mail to:

Finish Line Fuels
Customer Service
P.O. Box 806
Springdale, AR 72765