EFT AUTHORIZATION FORM

Representation of the initiate debit ar	hereby certify t	the information set forth below is correct and authorize Kotaco Fu (our) Bank account indicated below. This account is solely for	el
business purposes for payment	of all obligations deter	ermined by Kotaco Fuel & Propane Co to be owing by me (us) as a ations determined by Kotaco Fuel & Propane Co to me (us) as a	3
Customer's Name			
Customer's Address			
City, State, Zip			
Telephone Number	· · · · · · · · · · · · · · · · · · ·		
Fax Number	,		
EIN Number			
Or Social Security Number			
Bank Name	· · · · · · · · · · · · · · · · · · ·		
Bank Address			
City, State, Zip			
Bank Contact Person			
Bank Telephone Number			
Customer Bank Account And Bank Routing No. (MICR#)			
()	Account Numbe	er Routing Number	
(PLEASE ATTACH VO	OIDED CHECK OR A DEPOSIT SLIP)	
granted by Kotaco Fuel & Propa indicated by Kotaco Fuel & Prop have the authority to bind the cu contracts and agrees to pay inte	ane, Inc. All payments on the pane, Inc. I (we) representations. If the amount erest at the maximum a	unts due Kotaco Fuel & Propane, Inc within the terms of sale as will be made by Electronic Funds Transfer unless otherwise esent the customer or am acting as a duly authorized agent of and t due Kotaco Fuel & Propane, Inc becomes delinquent, customer amount chargeable by law of the state in which the sale is made a attorney or collector for collection, for all fees and costs associate	and
and credit entries from Kotaco F after Kotaco Fuel & Propane, Inc	Fuel & Propane, Inc. The c and the Bank have re that this EFT service is	is authorized to notify the above-named Bank to accept such debit his authority shall remain in full force and effect until ten (10) days received written notification from me (or either of us) of its a governed by the rules of the Automated Clearing House and the it at any time.	
Authorized Signature	Title	Date	
Authorized Signature	Title	Date	
/ willonzou Olynature	TILLO	Date	