



CORPORATE ADDRESS:  
2700 KELLY CREEK RD SUITE B MOODY, AL 35004  
OFFICE 205-637-4858 / FAX 205-917-5751

## AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

Consumer Name(s) &/or Company Name(s) \_\_\_\_\_

I (we) hereby authorize High Tide Oil Company, Inc ("COMPANY") to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Select One:

- Checking Account
- Savings Account

At the depository financial institution named below. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Financial Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

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

Amount of debit(s) or method of determining amount of debit(s) {or specify range of acceptable dollar amounts authorized}: Invoice &/or \_\_\_\_\_

Date(s) and/or frequency of debit(s): \_\_\_\_\_

*If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.*

This authority is to remain in full force and effect until High Tide Oil Company, Inc has received written notification from me (or either of us) of its termination in such time and manner as to afford High Tide Oil Company, Inc and Financial Institution a reasonable opportunity to act on it. If any monies are owed on this account this authority cannot be cancelled for any reason until account with High Tide Oil Company, Inc has a zero balance.

\_\_\_\_\_  
Consumer Name(s) &/or Company Name(s) (Please Print)

Signature(s): \_\_\_\_\_

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

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM**