



Account #: \_\_\_\_\_

### EFT Authorization Form

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Financial Institution – Branch, City, State & Zip)

Bank Routing # \_\_\_\_\_

#### Checking or Savings

Checking Account #: \_\_\_\_\_ Savings Account #: \_\_\_\_\_

Notification Option: No Notification Needed: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
(1 Day Advanced Notice)

I (we) hereby authorize Blue Flame Propane Inc to initiate entries to my (our) checking/savings account at the financial institution listed above, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Blue Flame Propane Inc is notified by me (us) in writing to cancel (30 day written notice required) or of any change of bank account number or bank in such time as to afford Blue Flame Propane Inc and the financial institution a reasonable opportunity to act on it.

Customer assumes responsibility for any erroneous information provided in this authorization.  
Notice of termination in no way affects debit or credit transactions initiated prior to actual receipt of notice.

I understand my invoices and statements will show a balance due, but Blue Flame Propane Inc will make withdrawals from my account and **no other action will be necessary from me** until my account is removed from the program.

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

Printed Name: \_\_\_\_\_

I would like to receive a copy of this form back for my records

Please return signed form and a voided check:

Fax – (586)727-4311 Or Mail back to:  
Blue Flame Propane Inc  
Attn: Credit Department (EFT)  
PO Box 430  
Richmond MI 48062-0430

Budget payments will be withdrawn on the 10<sup>th</sup> of the month (July through May)  
Non-Budget payments will be withdrawn according to account terms