



**SILVAS OIL COMPANY  
INSTANT PAYMENT PROGRAM AUTHORIZATION**

I hereby authorize Silvas Oil Co., Inc to initiate withdrawals from my account at the below named financial institution for payment of my obligations to Silvas Oil Company. This authorization will remain valid until revoked by either myself, my financial institution, or by Silvas Oil.

The following information is submitted pursuant to this authorization.

Silvas Oil Customer Number: \_\_\_\_\_

Silvas Oil Account Name: \_\_\_\_\_

Authorized Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

Financial Institution Address: \_\_\_\_\_

\_\_\_\_\_

Bank Account Name: \_\_\_\_\_

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

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

**Or Attach a Voided Check**

I understand that the Instant Payment Program is an alternative method of payment only and does not otherwise affect my rights or the rights of Silvas Oil Co or my financial institution with respect to each other. I further understand that Silvas Oil Co. and my financial institution reserve the right to terminate the Instant Payment Program and/or my participation in it. If I wish to discontinue my participation in the Instant Payment Program, I may do so by notifying Silvas Oil Co.

\_\_\_\_\_  
Authorized Account Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Joint Account Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name