



Elite Octane, LLC Electronic Funds Transfer (EFT) Authorization Form

The named company/ individual acknowledges and agrees that the terms and conditions of all agreements with Elite Octane, LLC concerning the method and timing of payments for goods and services shall be amended as provided herein. Value dates on any EFT payments will normally be credited to your bank account on the due date. The payee will give thirty (30) days advance notice in writing to Elite Octane, LLC for any change in its depository institution or other payment instructions. *All fields with an asterisk* are required.*

Authorizes Elite Octane, LLC to issue payments

(*Company/Individual Legal Name)

via EFT.

***Payee Mailing Address:** _____

***City, State, Zip:** _____

***Email:** _____

(Payment notifications will be sent to the email address provided above)

A/R Contact (if applicable): _____

Phone (if applicable): () _____

Email (if applicable): _____

***Bank Name:** _____

***Bank Routing Number:** _____

(Must be 9 digits)

***Bank Account Number:** _____

***Account Type:** (select one)

Checking

To ensure data accuracy, you must attach a voided check or clear copy of a check.

Do not use bank information from a savings deposit slip for a checking account.

Savings

Please attach a savings deposit slip or a clear copy of one if possible.

***Authorized Person:** _____

(Print Name)

***Signature (required):** _____

***Date:** _____

****Please allow 15 days for your request to be processed****

Submit the completed form to the Accounts Payable Department via USPS, scan and email, or fax.

If you have questions about this form, please call 712-254-9805

Mailing Address: Elite Octane, LLC
Attn: Accounts Payable
60502 Glacier Rd.
Atlantic, IA 50022

Email: AP@eliteoctane.net

Fax: 712-254-9851