

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

I/We hereby authorize MOTION FUELS to electronically debit my/our account (and if necessary, to electrically credit my/our account to correct erroneous debits).

Checking Account or  Savings Account at the depository financial institution ("DEPOSITORY") named below. I/We agree that ACH Transactions I/We authorize comply with all applicable law.

Depository Name \_\_\_\_\_ Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_ Name(s) on Account \_\_\_\_\_

The amount to be debited via ACH will be equal to the current amount due.

ACH Debits will be made on the date the invoice is due to be paid. If the due date falls on a Saturday or Sunday the ACH Debit will be made the following Monday.

I/We understand that this authorization will remain in full force and effect until I/we notify MOTION FUELS, LLC in writing that I/we wish to revoke this authorization. I/We understand that Motion Fuels, LLC requires at least 14 days prior notice in order to cancel this authorization. Written notice should be sent to the following address:

Motion Fuels, LLC  
1100 East Main  
Clarksville, AR 72830

Name(s) (Please print) \_\_\_\_\_

Date \_\_\_\_\_ Signature (s) \_\_\_\_\_