

ACH Authorization

I hereby authorize the "Operator" named below to initiate entries to my checking/savings accounts at the financial institution listed below (hereinafter referred to as the "Financial Institution") and, if necessary, initiate adjustments for any transactions credited/debited in error. This agreement will remain in effect until the "Operator" receives a written notice of cancellation from me in such time as to afford the "Operator" and the "Financial Institution" a reasonable opportunity to act on it.

Operator: _____

Owner Number: _____

Owner Name: _____

Last Four Digits of Tax ID: _____

Name of Financial Institution: _____

City _____ State _____ Zip _____

Name on Account: _____

Routing Number: _____ Account Number: _____

Indicate Account Type: Checking ☐ or Savings ☐

**** PLEASE INCLUDE A VOIDED CHECK ****

*By typing your name below, you are electronically signing this ACH Authorization form and acknowledging this has the same legal effect as a written signature.

Authorization Signature: _____

Title: _____ Date: _____

Email Address: _____

By providing an email address, I agree to receive payment details electronically instead of by postal mail. If I do not provide an email address, payment details will continue to be mailed until I request otherwise.

Please email the completed form and your voided check to ownerrelations@energybos.com.

Alternatively, you can mail this form to:

Energy Back Office Solutions
PO Box 1861
Pampa, TX 79066-1861