



5706 Saddle Club Drive, Kalamazoo, MI 49009  
 Main # (866) 977-3835 | Fax # (877) 428-6814 | www.wssfuels.com



Master Account Number	Sales Representative
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DATE RECEIVED:

**EFT AUTHORIZATION**

Thank you for your interest in Walsh Service Solutions (WSS), a Native American and certified Service Disabled Veteran Owned Small Business. We look forward to the opportunity to service your needs and account. Please take the time to completely fill-out this form so that WSS can meet all of your needs. CUSTOMER hereby authorizes Walsh Service Solutions, LLC hereinafter called COMPANY, to initiate debit and credit entries to the checking account indicated below and the bank named below, hereinafter called BANK, to debit and credit the same to such account for the purposes of payment of product invoices in accordance with the payment terms of the invoice. CUSTOMER has the right to stop payment of a debit entry by notification to the BANK prior to charging account.

**PLACE COPY OF VOIDED CHECK HERE**

BANK INFORMATION:			
BANK NAME		BRANCH	
BANK ADDRESS	CITY	STATE	ZIP
BANK ROUTING NUMBER			
BANK ACCOUNT NUMBER			
BANK ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> OTHER: _____			
VERIFIED	VERIFIED BY	TEST DATE	TESTED BY

This authority may be terminated upon thirty days written notice of its termination from CUSTOMER to the COMPANY. A copy of this form may be forwarded to your BANK.

CUSTOMER \_\_\_\_\_ SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_ FEDERAL TAX ID \_\_\_\_\_ NAME PRINTED \_\_\_\_\_