



TYREE

AUTOMATIC DEBIT AUTHORIZATION FORM

Mail to:
PO Box 2706
Eugene, OR 97402
Phone: 541-687-0076
Fax to: 541-343-0552

Automatic payments will be pulled for the invoiced amount, on the invoice due date, from your financial institution. To set up EFT payments, please complete the below information.

I authorize Tyree. to initiate debit entries to my financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

Name:

Tyree Acct. #:

Financial Institution:

Branch location:

Routing #:

Account #:

This authorization is to remain in effect until Tyree. has received **written notification** from me, of its termination in such time and in such manner as to afford Tyree. and my financial institution a reasonable opportunity to act on it.

Printed Name:

Title:

Signature:

Date:

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE RETURN TO: ar@tyreeoil.com OR FAX: 541-343-0552