



Electronic Funds Transfer (EFT) Authorization

Business Name: _____

Address: _____

City, State, Zip: _____

Federal Employer Identification Number: _____

Contact Name & Title: _____

Phone Number: _____ **Email:** _____

Financial Institution Name: _____

Address, City: _____

Contact Name: _____ **Phone:** _____

ABA Routing Number: _____ **Account Number:** _____

Checking ☐ (*Attach Voided Check*) **Savings** ☐

Request (check one):

_____ Initiate all transactions via EFT to above account.

_____ Discontinue transactions via EFT, effective _____.

_____ Change the bank account information to the above account, effective _____.

I hereby authorize Blu Petroleum Inc. (FEIN 45-2409477) to initiate debit and/or credit entries and necessary adjustments for any debit or credit entries to the account indicated above. I further authorize the Financial Institution named above to debit and/or credit the same to such account. This authority is to remain in full force and effect until Blu Petroleum Inc. has received written notification from me of its termination in such time and in such manner as to afford Blu Petroleum Inc. reasonable opportunity to act on it. I have the right to stop payment of a debit entry by notification to Financial Institution at such time as to afford Financial Institution a reasonable opportunity to act on it prior to charging such account. After such account has been charged, I have the right to have the amount of an erroneous debit entry corrected, provided I send written notice of such debit entry in error to Financial Institution within fifteen (15) days following the issuance of the account statement or forty-five (45) days after the posting, whichever occurs first.

Signature

Title

Printed Name

Date

21402 W IL Route 60 - Mundelein IL 60060

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