

Authorization Agreement for Automatic Direct Deposit

Request Type:	New Application	Request Change	Request Termination	
•	•	• •	lled Company , to initiate credit entries and to initiate, error to my (our) (select one)	
Account Type:	Checking	Savings	Venmo	
force and effect un	til Company has receiv	ed written notification	ed Depository . This authorization is to remain in full from me(or either of us, on joint accounts) of its and Depository a reasonable opportunity to act on it.	
Owner Name(s):		Last 4 digits of SS#:		
Depository Name:				
Depository Address	:			
Bank Routing #:	Account #:			
set-up of your electi		this time, you will cont	ayment detail by mail. Please allow 3-5 weeks for inue to receive checks via mail. If you have any ions at 908-686-1493.	
Signature:			Date:	
Print Name:			Phone:	
Email*:			Fax:	
*An email address is re	eauired for this service as v	our settlement statement	will he processed through email from Jay-Bee Oil & Gas	

ATTACH VOIDED CHECK HERE

PLEASE RETURN FILLED OUT AUTHORIZATOIN AGREEMENT VIA MAIL OR EMAIL (owners@jaybeeoil.com):

Jay-Bee Oil & Gas 23 Eganfuskee St, Suite 126 Jupiter, FL 33477