

## **ACH AUTHORIZATION FORM**

Signature		Printed Name  elloil.com or fax to 509-547-1259. I	Date
<u> </u>		Div. 1M	
\$35 NSF fee	will apply.		
-	•	g drawn. If funds are not availa	
ACH process	ing will occur per invoic	e terms to accommodate discou	ints, if applicable. A notification
entries to my	account indicated above	. This authorization shall remai	it entries and, if necessary, cred n in effect until terminated by ies initiated prior to actual recei
Routing (AB.	A) Number:	Acct Number:	
Customer Na	me as shown on Bank Ao	ecount	
Address:			
Bank Name:		Acct Type: Checking	Savings
Banking Info	rmation		
Acci #	Customer Name	Email Address (requi	,
Acct #	G . 3.7		

**Corporate** Office

1015 N Oregon Ave PO Box 3998 Pasco, WA 99302 509.547.3326

Connell: 627 N Columbia Ave / PO Box 975, Connell WA 99326 509.234.3311 Fax: 509.234.2850 Oroville: 615 11<sup>th</sup> Ave / PO Box 1451, Oroville, WA 98844 **Spokane:** 3727 N Tschirley / PO Box 15361, Spokane, WA 99216 509.535.1534 Fax: 509.535.6677 Sunnyside: 106 N 9<sup>th</sup> St / PO Box 607, Sunnyside, WA 98944 **Yakima:** 1025 N 6th Ave / PO Box 70, Yakima, WA 98907

509.476.3610 Fax: 509.476.3610 509.837.5274 Fax: 509.839.3845 509.453.3920 Fax: 509.457.6838

