	Tex-Con O	il Compan	V	
TEV 40N	P.O. Box 18463	•	Date:	В
TEX-CON	Austin, TX 78760			
OIL MM RSF	PH: (512) 444-1941		Rep:	
	Fax: (512) 441-2855			
	www.texconoil.com			
	credit@texconoil.com			
	Authorization	for Electronic F	unds Transfer (EF	Γ)
		Customer Info		
Business Name (DBA if A	pplicable)			
Charact Address		le:	Ich-t-	7:
Street Address		City	State	Zip
Billing/Mailing Address		City	State	Zip
Phone	Fax	Email		Federal ID # or SSN
	F	inancial Institution Inf		
Bank Name and Branch		Contact Name	Phone	Fax
Address		City	State	Zip
Address		City	State	Zip
Bank Account #		Bank Routing #		Account Type:
				Checking Savings
		Authorization Agree	ement	
1		•		transfer (EFT) for the purpose
1 ' '		•	·	error. Tex-Con Oil Company
				Oil Company will only initiate
1			the corresponding invoice(s	
1	•			ove address, have received
1				ellation have been paid, or until
l '	•			understand that the below fee
will be charged for any ir	isumcient, returned or a	elayed electronic funds	transfer.	
Returned EFT Charge	EFT Amount		If EFT day falls on:	Draft will occur on:
\$100	\$1 - \$2,500		Saturday	Monday
\$150	\$2,501 - \$5,000		Sunday	Monday
\$250	\$5001 and up		Holiday	Next Banking day
		Customer Signat	ure	
Name		Signature		Date
Name				
Name		Signature		Date

ATTACH VOIDED CHECK