



**AMERICAN MOBILE PETROLEUM**  
**4159 WINTERS CHAPEL RD, STE B, DORAVILE, GA 30360**  
**Tel 770.451.3474 Fax 770.451.3475**  
**WWW.FUELAMP.COM**

**ELECTRONIC FUNDS TRANSFER (“EFT”) AUTHORIZATION**

The undersigned customer (“Customer”), in connection with the agreement between Customer and American Mobile Petroleum, Inc. (“AMP”), hereby authorizes AMP to credit/debit Customer’s account indicated below for any and all amounts due to Customer by AMP or due to AMP by the Customer, and the Financial Institution named below, hereinafter called Financial Institution, to debit/credit same to such account.

**Debit/Credit (Financial Institution) Information**

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Account #: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account Type: \_\_\_\_\_

(Checking / Savings)

This authority is to remain in full force and effect until AMP has received written notification from Customer of its termination in such time and manner as to afford AMP and Financial Institution a reasonable opportunity to act on it. The information in this and any subsequent authorization may only be used for the sole purpose of the authorization.

**COMPANY:** \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Remittance Advice Email: \_\_\_\_\_