



**EASY PAY Authorization Agreement**

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

Federal ID Number: \_\_\_\_\_  
(or SS #)

*I (we) hereby authorize Ricochet Fuel Distributors, Inc., hereinafter called COMPANY, to initiate **EASY PAY** transactions, hereinafter called **EASY PAY**, to my (our) \_\_\_ Checking Account / \_\_\_ Savings Account (check one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY. All initiate **EASY PAY** transactions will be in accordance with the terms of the credit application as signed by the customer and on file with the Company. I (we) acknowledge that the origination of **EASY PAY** transactions to my (our) account must comply with the provisions of U.S. law.*

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

Branch: \_\_\_\_\_

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

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

Routing number: \_\_\_\_\_

Account number: \_\_\_\_\_

*This authorization is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Notice of termination shall in no way affect debit or credit transactions initiated prior to actual receipt of notice.*

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

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

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

**NOTE:** **EASY PAY** transaction authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

*Please provide a contact name, fax number and e-mail address where the **EASY PAY** Notice is to be sent. (Please PRINT)*

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

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

Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please check preferred method of delivery:

**Fax**

**E-mail**

**WBE/HUB Certified**



## **EASY PAY Program**

Dear Valued Customer,

Ricochet offers an **EASY PAY** program to help improve and simplify customer payments. Programs such as this are quickly becoming a common business practice. Please complete the attached form and return it to our office to participate in this payment simplification process.

Your participation in the program will allow Ricochet to make an electronic deposit of your payment for invoices which are due according to the payment terms agreed to on the credit application. The program does not allow Ricochet Fuel access to any information such as account balances, deposits, pending transactions, etc. The program and all transactions are strictly governed by the Rules and Guidelines set forth by the National Automated Clearing House Association (NACHA).

Once registration has been completed, you will receive a notice (including detail) of any payment due. Notices will be sent to you via your preferred method of delivery a minimum of two business days prior to the draft date. This will allow time for any adjustments or corrections that may arise. All rejected drafts are subject to a \$35.00 fee. Rest assured that only those invoices that are due will be presented for payment.

In the event the draft date falls on a weekend or bank holiday, the draft will occur the following bank day. Any payment questions should be directed to Teresa Blevins-Mize at 817-268-2385.

Thank you for considering our **EASY PAY** program. We hope you will find that it will save you valuable administrative time. We appreciate your business.

Sincerely,

*Teresa I. Blevins-Mize*

Teresa I. Blevins-Mize  
A/R Credit & Collection Specialist  
Ricochet Fuel Distributors Inc

**WBE/HUB Certified**