



Customer No. \_\_\_\_\_

**ACH Authorization Form  
CREDIT/DEBIT AUTHORIZATION FORM**

I (we) hereby authorize BLUE FLAME PROPANE INC to initiate entries to my (our) checking /saving account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until BLUE FLAME PROPANE INC is notified by me (us) in writing to cancel (30 day written notice) or of any change of bank account number or bank in such time as to afford BLUE FLAME PROPANE INC AND THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution—Branch, City, State, & Zip)

Financial Institution ABA/Routing Number: \_\_\_\_\_

Checking Acct. No: \_\_\_\_\_ Savings Acct. No: \_\_\_\_\_

Budget or Non-Budget (Please Circle One) Budget Amount: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Please Print Name)

Telephone No: \_\_\_\_\_

Dedicated Fax No: \_\_\_\_\_

Notification Option:  
(24 hour notice)

E-Mail Address: \_\_\_\_\_

No Notification Needed: \_\_\_\_\_

Fax a copy of this form and a voided check to : 586-727-4311 OR

Mail a copy of this form and a voided check to:

Blue Flame Propane Inc  
Credit Department  
P.O. Box 430  
Richmond, MI 48062

**Budget/Non-Budget Payments will be withdrawn on the 10th of the Month  
(Weekends/Holidays will be withdrawn on the next business day)**

*Customer assumes responsibility for any erroneous information provided in this authorization.  
Notice of termination in no way affects debit or credit transactions initiated prior to actual receipt of notice.*