



**Electronic Funds Transfer (EFT) Authorization**

\_\_\_\_\_  
Customer

\_\_\_\_\_  
Customer Federal ID Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City / State / Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

The above-named Customer hereby authorizes Darden Petroleum & Energy Solutions (27-2021309) to initiate electronic funds transfers (“EFT”), from the Bank / Financial Institution named below for the withdrawal of funds (“Debit Entries”) to effect payment by Customer for invoices due.

\_\_\_\_\_  
Bank/Financial Institution

\_\_\_\_\_  
Transit / Routing Number (ABA)

\_\_\_\_\_  
Street Address or PO Box

\_\_\_\_\_  
Bank Account Number

\_\_\_\_\_  
City / State / Zip Code

\_\_\_\_\_  
Bank Contact Name / Telephone Number

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of the debit entry by notifying my financial institution before the account is charged. If an erroneous entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution if, within 15 calendar days following the date on which I was sent a statement of account or a written notice of each entry or 45 days after posting, whichever occurs first. I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

**This authorization is nonnegotiable and nontransferable.**

\_\_\_\_\_  
Customer

Date

\_\_\_\_\_  
Witness

Date

*Please email this form, along with a copy of your voided check, to [accounting@dardenpetroleum.com](mailto:accounting@dardenpetroleum.com)*