



ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

TCH LLC
4185 Harrison Blvd Ste 202
Ogden UT 84403
888-TCH-SERV ? 888-824-7378 ? fx 801-624-4671

Pay Your TCH Fuel Card Account Electronically

Customer Information

1
Complete the Customer Information

TCH Customer Name		TCH Customer Number	
Customer Address	City	State	Zip Code
Customer Accounting Contact	Customer Telephone Number	Customer Fax Number	

Bank / Financial Institution Information

2
Complete the Bank or Financial Institution Information

Customer Financial Institution Name	Bank Account Contact	Bank Telephone Number	
Bank Address	City	State	Zip Code
Bank Routing Transit Number and Customer Bank Account Number (see sample below)			

Attach Voiced Check Here

3
Attach voided check, sign, and return the form to TCH



John Q. Sample
Jane A. Sample **34567**

Pay To The Order of _____ \$

Place Voiced Check Here

Memo _____

Bank Routing Transit Number: **000000000** **987654321** Customer Bank Account Number

The above named person or company, (hereinafter "CUSTOMER"), hereby authorizes TCH LLC (hereinafter "TCH"), to originate an Automated Clearing House electronic funds transfer credit/debit entry to CUSTOMER'S financial account listed above and hereby authorizes to Depository Institution named above, (hereinafter "Financial Institution"), to accept and to credit or debit the amount of such entry or entries to CUSTOMER'S financial account.

CUSTOMER understands that funds held by the above listed Financial Institution may be made available through a TCH form of identification. Therefore, in order to facilitate this availability, CUSTOMER agrees and authorizes Financial Institution to allow TCH full access to all information relating to and about the above listed account. CUSTOMER further understands and agrees that the Automated Clearing House electronic funds transfer debit entry will only be accepted by Financial Institution if sufficient funds are available in CUSTOMER'S financial account listed above, and CUSTOMER agrees separately with TCH to deposit adequate funds prior to each EFT debit made by TCH into customer's financial account. In the event any entry is not accepted for any reason, Financial Institution is to notify TCH by telephone at the telephone number shown below by the close of the banking day on which this entry is presented. CUSTOMER agrees to pay TCH immediately all sums refused by Financial Institution for transfer to TCH. Interest shall accrue on such sums at the rate of 18% per annum or the highest rate allowed by law, which ever shall be less from the date of attempted debit until paid in full. CUSTOMER shall pay TCH all expenses incurred by TCH in collecting unpaid sums including but not limited to reasonable attorney fees, court costs, and collection agency costs. In the event TCH electronically debits CUSTOMER'S account in an amount less than \$500, TCH may pass the electronic debit charges to CUSTOMER, and may collect the same in that or any subsequent debit.

All authority given pursuant to this document shall remain in effect until thirty (30) days after Financial Institution, at the address indicated above and TCH, at the address indicated below, have received a written cancellation from CUSTOMER. Notice of cancellation shall not affect debit and/or credit entries initiated prior to the 30th day following Financial Institution and TCH's actual receipt of notice.

CUSTOMER understands that if CUSTOMER refuses or otherwise fails to make payment for a debit entry, this Agreement and all other agreements between CUSTOMER and TCH may be terminated by TCH at TCH's sole discretion.

CUSTOMER AUTHORIZATION

Authorized Signature _____ Date _____

Title _____

TCH LLC

Authorized Signature _____ Date _____

Title _____