



# SCL ACH Payment Authorization

You authorize payment charges to your checking/savings account. You will be charged the amount associated with each SCL invoice delivered within agreed upon credit terms. A receipt for each payment will be provided to you and the charge will appear on your bank statement as an "ACH Debit". You will receive an electronic notification 2-days prior to the payment being collected.

I \_\_\_\_\_, hold the position as \_\_\_\_\_ at \_\_\_\_\_,  
(Authorized Representative) (Title) (Company)  
authorize **Southern Counties Lubricants, LLC** to charge my bank account indicated below for the following goods & services: \_\_\_\_\_.  
(Description of Goods & Services)

## Billing Information

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

## Bank Details

Checking  Savings

Account Name: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Routing Number: \_\_\_\_\_



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Southern Counties Lubricants, LLC** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that **Southern Counties Lubricants, LLC** may at its discretion attempt to process the charge again within 30 days, and agree to additional charges for each attempt returned NSF which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Authorized Representative

### SCL Authorized Recipients:

Maribel Mendez      Claudia Franco  
Controller            Asst. Controller  
Direct Line 714-453-6231    Direct Line 714- 919-6035  
Fax 714-922-7314        Fax 714-922-7314  
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