



REVENUE PAYMENT
ACH Direct Deposit Authorization / Enrollment Form

I hereby authorize Mustang Fuel Corporation and its subsidiaries to make electronic funds payments via ACH to my bank account. This authorization remains in effect unless a 30-day written notice is received by Mustang from the undersigned requesting termination or changes.

Request Type: New Application Request Change Request Cancellation

Mustang Company Name: Mustang Gas Products

Owner Name: _____

Owner Number: _____ Social Security # / Taxpayer ID: _____

**Address on the Account: _____

***If the address listed is different than the address on the account, Mustang will update the owner's account to show the mailing address above.*

Phone Number: _____ Email: _____

Financial Institution Name: _____

Account Type: Checking Savings

Account Number: _____ Routing Number: _____

A signature is required by all parties listed on the account.

Signature

Print Name

Date

Signature

Print Name

Date

Please return your information by US Mail to the following address:

Mustang Fuel Corporation
Attn: Mustang Gas Products, Revenue Department
9800 North Oklahoma Avenue
Oklahoma City, Oklahoma 73114-7406

