



# BLUE ISLAND OYSTERS

## E-Check Payment Authorization Form One Time Payment

**Please complete the information below:**

I \_\_\_\_\_ authorize Blue Island Oyster Company, Inc. to create  
(full name as it is listed on the bank account)  
and process a demand draft against my bank account on \_\_\_\_\_  
(date)  
for the amount of \_\_\_\_\_.  
(dollar amount)

I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law. My account information is as follows:

Bank Name \_\_\_\_\_

Account Type: (Please check one)

\_\_\_\_ Business Checking \_\_\_\_ Business Savings

\_\_\_\_ Personal Checking \_\_\_\_ Personal Savings

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

Bank Routing # \_\_\_\_\_

Phone#on bank account \_\_\_\_\_

Printed name of authorized \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_