



BLUE ISLAND OYSTERS

E-Check Payment Authorization Form Recurring 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 according to the terms
outlined below.

Terms of Billing

Starting on _____ on or after the due date for each invoice as
(Day/Month/Year)

determined by the terms given at account set-up and subsequently at any time an
amount is due as detailed on each invoice.

Bank Account Information

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 _____