



ELECTRONIC FUNDS TRANSFER (EFT/ACH) ENROLLMENT APPLICATION

The undersigned agrees that BCE-Mach LLC may reverse any electronic payment that is determined to be fraudulent, duplicate or made in error. Such payee further agrees that the authorization of EFT/ACH as evidenced by the signature below amends your existing payment instructions to BCE-Mach LLC. In the event that the EFT/ACH is unable to go through (e.g. due to closure or abandonment of an account, inaccurate account information, force majeure, etc.), BCE-Mach LLC will resume making payment to the undersigned by check. Please note that electronic payment will not begin until account information is verified and tested in BCE-Mach's system. During this time, payments will be continued by check.

Company / Owner Name		Revenue Owner Number	
Address	City	State	Zip Code
Contact	Phone	Email	

MAIN ACCOUNT DEPOSIT

****Please remember to attach a voided check or banking letter to this form for all accounts authorized.**

Depository Bank Name	Bank Account Number
Transit ABA (Routing) Number	SSN/Fed Tax ID#

Payee agrees to give BCE-Mach LLC thirty (30) days advance written notice of any change in the payment instructions below. I hereby agree to the terms enumerated herein, certify that the depository information listed on this form is true and accurate and authorize BCE-Mach LLC to issue payments to me electronically.

Authorized this _____ day of _____, 20_____.

Name of Authorized Signature	Authorized Signature
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Mail this completed form to:
BCE-Mach LLC
Attn: Owner Relations
PO Box 20546
Oklahoma City, OK 73156

Revenue Owners: For any additional information or assistance, please contact Division Orders at (405) 252-8197 or by email: ownerrelations@machnr.com

