

REBEL OIL COMPANY  
2200 South Highland Drive  
Las Vegas, Nevada 89102

ACH CUSTOMER ENROLLMENT FORM

Account Information

\*Required Information

\*Company/Organization Name: \_\_\_\_\_

\*SSN No. or Taxpayer ID: \_\_\_\_\_

\*Name of Banking Institution: \_\_\_\_\_

\*Bank Account Number: \_\_\_\_\_

\*ABA Routing Number: \_\_\_\_\_

\*Type of Account: \_\_\_\_\_

\*Bank Address: \_\_\_\_\_

\*City, State & Zip Code: \_\_\_\_\_

\*Company Contact: \_\_\_\_\_

\*Title: \_\_\_\_\_

\*Contact Phone: \_\_\_\_\_

\*Contact E-mail Address: \_\_\_\_\_  
(Payment Notification)

\_\_\_\_\_  
Signature & Title of Authorized Official

\_\_\_\_\_  
Date

**Please return the completed form. You will be established as an ACH customer and payments will be processed via ACH upon completion of the bank verification process.**