GIANTENERGY

12850 SPURLING RD., STE. 200 ◆ DALLAS, TEXAS 75230 TEL (972) 644-4710 ◆ FAX (972) 661-2701

New Enrollment			
Revision DIRECT DEPOSIT	T ACH ENROLLMI	ENT FORM	
Owner Name(s)(Please Print)	Date		
Mailing Address	Owner Number	er	
	SSN or Tax ID		
	Type of Account:		
Email Address	Checking	Savings	_
payment. This authority will remain in effect until specific reasons, deems it no longer feasible. I und arrangement by completing a revised Direct Depos may reverse any electronic payment that is determined. Owner Signature	erstand that I can change sit ACH Enrollment Form	my account or finand available from Gian licate, or made in ern	cial institution nt. I agree that Giant
Owner Signature	Day time Tho	ne rumber	
Printed Name	Title		
Banking Information: Bank Routing Number (ABA) (9 digits):			
Checking or Savings Account Number:			
Name of Financial Institution:			
Bank Branch City and State:			
Bank Representative Name:			
Bank Representative Phone Number:			

Return by mail to the address or fax number shown at the top, or by email to revenue@giantenergy.com.

Include a copy of a voided check.

(We MUST have a copy of a voided check or a bank provided ACH form in order to process electronic payment.)