

9773 Saginaw St, PO Box 365, Reese, MI 48757 Phone: 989-868-9833 or Fax: 989-868-3432

Auto Pay Authorization Form

I (We) hereby authorize Hirschman Oil/Propane to initiate debit entries to my (our) Credit Card or checking/savings account indicated below.

This authorization is to remain in full force and effect until Hirschman Oil & Propane has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Hirschman Oil & Propane and Depository opportunity to act on it.

If applicable, I authorize my **Budget payment** to be drafted on the 10th of each month. Including any recalculations and/or any settlement balance in July.

Hirschman Account #:	Name on Account:	
PAYMENT OPTION 1: (☐ Checking ☐ Savings Routing Number:	(Preferred) Account Numbe	er:
PAYMENT OPTION 2: Credit Card (Please Circle):	Visa Master Card Di	scover
Credit Card Account Number	er:	
Name as it appears on the	Credit Card (Please Print):	
Expiration Date:	3 Digit Security Code:	Zip Code
Email Receipt: □Yes □No		
Signature :		Date:
Use payment informati within 10 days of delivery	ion listed above for <i>Automatic</i>	payment off <i>all</i> eligible invoices
Use payment informati	on listed above only when I ca	II and ask.

The information gathered here will NEVER be sold or shared with anyone outside our corporation and will be used solely for billing purposes.