



PO Box 365, Reese, MI 48757

Phone: 989-868-9833

Fax: 989-868-3432

Auto Pay Authorization Form

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

This authorization is to remain in full force and effect until Hirschman Oil Supply 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 Supply and Depository opportunity to act on it.

Hirschman Oil Account #: _____ Name on Account: _____

Please Choose a Payment Option:

Payment Option #1 (Preferred):

Checking

Savings

Routing Number: _____ Account Number: _____

Payment Option #2:

Credit Card Type (Please Circle): Visa Master Card Discover

Credit Card Account Number: _____

Name as it Appears on Credit Card (Please Print): _____

Expiration Date: _____ 3-Digit Security Code: _____ Zip Code: _____

Do You Want an Email Receipt? Yes No

Email Address: _____

Signature: _____ Date: _____

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