

# FERRELL FUEL CO., INC.

## QUALITY PETROLEUM PRODUCTS

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**Ferrell Fuel Co** is pleased to offer you a new service—the Direct Payment Plan. Now you can have your payment deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

### **The Direct Payment Plan will help you in several ways:**

- It saves time — fewer **checks to write**.
- Helps meet your commitment in a convenient and timely manner — even if you're on vacation or out of town.
- No lost or misplaced statements, your payment is always on time—it helps maintain good credit.
- It saves postage.
- **It's easy to sign up for, easy to cancel.**
- **No late charges.**

### **AUTHORIZATION FOR DIRECT PAYMENT**

#### *Here's how the Direct Payment Plan works:*

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the specified day. And proof of payment will appear on your statement. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

#### *All you need to do is:*

1. Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution name and location and date.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.

#### **NOTE: Be sure to sign the form!**

I authorize Ferrell Fuel Co, to initiate electronic debit entries to my:  checking account or  savings account for payment of my (type of bill)\_\_\_\_\_. I understand I will receive a notice if the amount changes. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Account Number \_\_\_\_\_

Routing/Transit Number \_\_\_\_\_

City and State \_\_\_\_\_

Signature \_\_\_\_\_