



Direct/Bank Draft Payment Authorization Form

We are pleased to offer you a great 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 and mail.
- Helps pay your bills in a convenient and timely manner—even if you're on vacation or out of town.
- Your payment is always on time—it helps maintain good credit.
- It saves postage—many people spend close to \$100 a year on postage.
- It's easy to sign up for, easy to cancel.
- No late charges.

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.

Please complete the information below.

And proof of payment will appear on both your bill as well as the statement you receive from your financial institution.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. 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 the 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.
4. NOTE: Be sure to sign the form!!

I authorize Parker Gas Co., Inc. to initiate electronic debit entries to my:

_____checking account (or) _____savings account

for payment of my fuel account. Parker Gas Acct. # _____

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. The authority will remain in effect until I have cancelled it in writing.

Date_____

*FINANCIAL INSTITUTION NAME (PLEASE PRINT)_____

*ACCOUNT NUMBER AT FINANCIAL INSTITUTION_____

*FINANCIAL INSTITUTION ROUTING NUMBER_____

*FINANCIAL INSTITUTION CITY AND STATE_____

SIGNATURE_____

*-Not required with voided check