

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I, _____
hereby authorize Alexander Propane, LLC to initiate DEBIT/CREDIT entries from my account and financial institution indicated below. These debit/credits are to be applied to my account number _____. This authority is to remain in full force and effect until Alexander Propane, LLC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Alexander Propane, LLC and Bank of Sullivan a reasonable opportunity to act on it.

Amount to be transferred \$ _____
Frequency One Time Weekly Bi-weekly Monthly
Effective Date _____ Termination Date _____

Type of Account: Checking Savings Other _____
Name of Banking Institution: _____
Bank Routing Number: _____
Account Number: _____
Names on the Account: _____
Address: _____
Home Phone: _____ Cell//Work: _____

Print or Type Name

Print or Type Name

Signature

Date

Signature

Date

SS#

SS#

AUTHORIZATION REVOKED ON: _____

Signature

Signature