
NAME

ACCOUNT #

AUTHORIZATION FOR DIRECT PAYMENT

I authorize A.E. Robinson Oil Co., Inc. and the financial institution named below to initiate entries to my checking/savings account. Automatic transfer will be made on the 10th of each month or the first business day thereafter. This authority will remain in effect until I notify A.E. Robinson Oil Co. in writing to cancel it in such time as to afford the financial institution a reasonable time to act on it. I may stop payment of any entry by notifying my financial institution three (3) days before my account is charged.

NAME OF FINANCIAL INSTITUTION

BRANCH

TYPE OF ACCOUNT (must check one)

Checking

Savings

ACCOUNT #

ROUTING #

PAYMENTS OF _____ PER MONTH MAY BE CHARGED TO THE
(dollar)

ABOVE NOTED BANK ACCOUNT BEGINNING _____

(month)

SIGNATURE

DATE

SIGNATURE

DATE

MUST ATTACH A VOIDED CHECK

ATTACH HERE