KERO-DEL
WWW.KERO-DEL.COM

7511 Pillsbury Place
Glen Burnie, MD 21060
Office: 410-761-7800
Fax: 410-590-3842

Authorization for Direct Debit (ACH)

I hereby authorize Kero-Del of Md Inc., to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my account as indicated below and to the financial institution named below to credit (or debit) the same to such account.

☐ Checking ☐ Savings

_____

ACCOUNT HOLDER NAME

_____ _____ _____

FINANCIAL INSTITUION NAME | CITY | STATE

_____ _____

TRANSIT/ROUTING NUMBER | ACCOUNT NUMBER

Attach voided check here

I understand this authorization will remain in force until Kero-Del of Md has received written notification of termination in such time and in such manner as to afford Kero-Del of MD and its financial institution a reasonable opportunity to act on such notification. I further understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution. I agree to provide my financial institution written notice identifying the entry, stating that it is in error, and request credit back to my account. I will provide this written notice within 15 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after posting, whichever occurs first.

_____

SIGNATURE OF ACCOUNT HOLDER

_____

DATE

Please indicate below how you would like your banking information used

- ☐ Automatic Payment immediately following fuel delivery or service
- ☐ Automatic Payment of the Monthly Payment Plan
- ☐ Automatic Payment on due date of invoice
- ☐ Will Call to have payment debited from account

Revision 092908