

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.

ACCOUNT HOLDER NAME		
FINANCIAL INSTITUION NAME	CITY	STATE
TRANSIT/ROUTING NUMBER	ACCOUNT NUMBER	
Attach	voided check he	
I understand this authorization will re termination in such time and in such reasonable opportunity to act on such are necessary, it may involve an adjus	h manner as to afford Kero-Del of notification. I further understand that	MD and its financial institution a tif corrections in the debit amount
If an erroneous debit entry is charged credited to my account by my financi identifying the entry, stating that it is in notice within 15 calendar days following notice of such entry, or 45 days after p	ial institution. I agree to provide my n error, and request credit back to my ng the date on which I was sent a sta	financial institution written notice account. I will provide this written
SIGNATURE OF ACCOUNT HOLDER		

please enter the day of the month you would like to make your payment

Revision 073112

□ Automatic Payment on due date of invoice□ Will Call to have payment debited from account