Superior Plus Propane

To sign up for automatic bill payments, please complete the payment option and the payment schedule

Please note: If you have already scheduled recurring online payments through another online billing provider, you must cancel that recurring payment option to avoid duplicate monthly payments. COD accounts are not eligible for automatic payment enrollment.

Account Number _____ (see below to enroll additional accounts)

Customer Name _____

Address _____

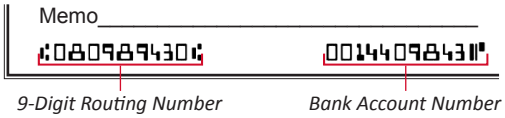
City _____ State _____ ZIP _____

Phone _____ Alternate Phone _____

E-mail _____

AUTOMATIC PAYMENT OPTION (Select Only One Below)

❏ EFT -Bank Information



Account Holder's Name _____

9-Digit Routing Number _____ Account Type: ❏ Checking ❏ Savings

Bank Account Number _____ Bank Name _____

❏ Credit Card Information

Credit Card Account Holder's Name _____

Credit Card Billing Address Street _____

City _____ State _____ ZIP _____

Credit Card Number _____/_____/_____/_____ Expiration Date: _____/_____ CVV _____

AUTOMATIC PAYMENT SCHEDULE (Select Only One Below & Complete the required information)

❏ Account Balance-Specific Day of the Month_____ (What Day?)

❏ Invoice Amount-Days After Transaction Date _____ (How Many Days After)

❏ Invoice Amount -on Due Date

❏ Weekly -Amount $_____ Day of the Week_____ (What day of the week?)

❏ Non Budget Monthly Amount $_____ Day of the Month (What Day?)

Please Note: If you do not check a payment schedule it will default to Invoice amount on due date

Authorization

I hereby authorize Superior Plus Energy Services, Inc and any of its successors and assigns (hereinafter referred to as the "Company"), to initiate debit entries to my bank account or charge my credit card as indicated above. I understand that I may discontinue enrollment in the EFT service at any time by informing the company in writing to the address below. Payments returned for non-sufficient funds will be reinitiated and $20 fee will be charged to account.

Signature _____ **Date** _____

This authority is to remain in full force and effect until Company receives written notification of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it. To enroll additional Superior Plus Energy Services accounts in EFT using bank account above, please list below. If you have more than 2 additional accounts, please provide them on a separate sheet:

Account Number: _____ Name on Account: _____

Account Number: _____ Name on Account: _____

Please return by mail to: Superior Plus Energy, 1870 S. Winton Rd, Ste. 200, Rochester, NY 14618
Or by email to **ar@superiorplusenergy.com**