

CASS CITY OIL & GAS COMPANY

6407 MAIN STREET
CASS CITY, MI 48726
(989) 872-2065 FAX: (989) 872-5391

Automatic Payment Agreement

I, _____, authorize Cass City Oil & Gas Company to initiate payments from my:

_____ Checking account _____ Savings account

drawn off of _____
Name of Financial Institution

Routing Number: _____

Account Number: _____

_____ Credit Card Mastercard Visa Discover

Card#: _____

SCN: _____ Exp. Date: ____/____

Address: _____ Zip Code: _____

Payments may be debited in the amount of:

_____ Total amount of deliveries received

Or

_____ Monthly budget payment of \$_____.

I make this authorization subject to the following conditions:

- I have the right to recover the amount of any erroneous deduction, either by check or as a credit to my account.
- I have the right to terminate this authorization at any time by notifying Cass City Oil & Gas in writing.
- If I have chosen to authorize debits from my checking account, Cass City Oil & Gas Company may deduct the payments ON or AFTER the _____ day of the month. *Budget payments will be processed on the 20th day of the month.*

I attest that I am an authorized signer or cardholder for said account listed above.

Cass City Oil & Gas Account Number: _____

Signed: _____ Date: _____