

M^cCLEARY



OIL COMPANY INC

19 West King Street
Chambersburg PA 17201
Phone 717-264-6181 Fax 717-264-3881

Electronic Funds Transfer Agreement

Name _____

Address _____

Customer Number (as it appears on your bill) _____

Phone Number _____

I hereby authorize (company name) to initiate debit entries to my account indicated below, and the financial institution named below to process those entries. This authority shall remain in effect until I notify you in writing, not less than thirty days prior to my next due date.

Financial Institution _____

Bank ABA (routing) Number _____

Account Number _____

(Please attach a voided check to this form to verify bank routing number and account number)

Signature _____

(owner of payment account)

Date _____

**If a payment is due on a weekend or holiday, your account will be debited the next business day*

**“Our Family Serving Your Family”
Since 1928**