

# **M<sup>c</sup>CLEARY**



## **OIL COMPANY INC**

1266 N Franklin St  
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 McCleary Oil Co., Inc. to initiate debit entries to my account indicated below, and the financial institution named below to process those entries. Each such debit shall be made on the day following the invoice date in an amount equal to my billed amount. 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**