

Date \_\_\_\_\_



Dear Valued Customer,

Recently you indicated that you would like to have your monthly charges automatically applied to your credit card or bank account. We are happy to accommodate you with this request. Please sign and return the authorization below for us to have on file.

**Auto-Pay Authorization**

Watts Petroleum Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip Code

Daytime Phone #: (\_\_\_\_\_) \_\_\_\_\_

Would you like to receive your statement by email?     Yes  No

If yes, Email: \_\_\_\_\_

I hereby authorize Blumont Energy Corporation (formerly Watts Petroleum) to charge my payment method listed below automatically for any balances incurred. I will designate the day I wish the charge to occur, if different from the Default Date. **I acknowledge that it is my responsibility to notify Blumont Energy if I move, change/cancel my credit card, receive a new expiration date for the credit card on file, and/or change my bank information. I will also notify Blumont Energy if I wish to change the date the charges occur.**

**CHOOSE ONE:**

<input type="checkbox"/> <b><u>CREDIT CARD</u></b>	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX
Card #: _____	CVV Code: _____ Expiration Date: ____/____/____

<input type="checkbox"/> <b><u>BANKING INFORMATION</u></b> ***please include voided check/deposit slip to ensure accuracy	
Routing # _____ (9 digit number)	Account # _____

**BUDGET PLAN / TOTAL BALANCE**  
(circle one)

**CHARGE DATE** \_\_\_\_\_  
(Default is the 5<sup>th</sup> of the month)

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

RETURN TO: PO BOX 11968, LYNCHBURG, VA 24506

OR EMAIL: [LYNCHBURG@BLUMONT-US.COM](mailto:LYNCHBURG@BLUMONT-US.COM)