



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 Watts Petroleum Corp. (also trading as Watts Propane) 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 Watts Petroleum 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 Watts Petroleum if I wish to change the date the charges occur.**

CHOOSE ONE:

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

<input type="checkbox"/> <u>BANKING INFORMATION</u>
Routing # _____ Account # _____
(9 digit number)

BUDGET PLAN / TOTAL BALANCE
(circle one)

CHARGE DATE _____
(Default is the 5th of the month)

Authorized Signature: _____

Printed Name: _____