

“Easy Pay” gives you the ability to have your payments debited directly and automatically from checking or savings with an **E**lectronic **F**unds **T**ransfer (**E.F.T.**).

This payment method will be kept private and confidential and can be terminated upon your request (see below).

Follow these “easy” steps to get set-up:

- 1) Complete all customer information below
- 2) Attach a voided check (deposit slip not acceptable)
- 3) Return via mail or fax 203-834-9507
- 4) Receive Discount of \$.15 per gallon on oil deliveries

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT & EMAIL INVOICING

I (we) hereby authorize **Servco Oil, Inc. a/k/a New Canaan Oil Co., a/k/a Cannondale Heating & Air Conditioning** to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries made in error to my (our) account as indicated below from the financial institution indicated below and authorize that depository to debit and/or credit the same to such account.

This authorization is to remain in full force and effect until Servco Oil, Inc. a/k/a New Canaan Oil Co., a/k/a Cannondale Heating & Air Conditioning has received written notification of its termination in such time and in such manner as to afford you and my financial institution a reasonable opportunity to act on it and at which point any discounts will no longer apply.

TERMS OF “EFT” TRANSACTIONS WILL BE AS FOLLOWS:

- REGULAR ACCOUNT** – all invoices are debited 5-7 days following date of invoice
- BUDGET ACCOUNT** – **MONTHLY BUDGET** debited 1st business day of each month
CLOSE-OUT PAYMENTS debited 12-15 days following close-out summary
****NOTE: DISCOUNTS ARE ISSUED UPON BUDGET CLOSE-OUT.**
- Please draft ALL of my Invoices**
- Please Draft Oil Invoices Only**

NAME: _____ **SIGNED:** _____ **DATE:** _____
(Please Print) (Signature)

NAME: _____ **SIGNED:** _____ **DATE:** _____
(Please Print) (Signature)

STREET ADDRESS: _____ **OIL ACCT #:** _____

E-MAIL ADDRESS: _____ **FAX #:** _____

YES, I would like to receive my invoices by email

BANK NAME: _____

NAME ON BANK ACCOUNT: _____

- Checking Account**
- Savings Account**

ATTACH VOIDED CHECK HERE
(DEPOSIT SLIP NOT ACCEPTABLE)

Upon our receipt of this form (complete with “voided” check) it will take 7-10 business days for processing and set-up