



AUTOMATIC PAYMENT REQUEST FORM

Credit Card Holder's Full Name and Address:

Name: _____

Address: _____

City: _____ **St:** _____ **Zip:** _____

Visa # _____ **CVV#** _____ **EXP-DATE** _____

Master Card # _____ **CVV#** _____ **EXP-DATE** _____

Discover # _____ **CVV#** _____ **EXP-DATE** _____

Please enroll my credit card account noted above in the Automatic Payment Program. I understand that my credit card payments will be deducted automatically after each delivery and service work performed or for my monthly budget payment. I also understand that the amount of the payments may vary each month and that my monthly statement will be my only notice regarding these automatic payments.

Signature _____ **Date** _____

Leahy's Account Reference # _____ **Fuel Oil**
_____ **Propane Gas**

****Please note we no longer accept American Express, our apologies for any inconvenience.**

LEASE COMPLETE AND MAIL THIS FORM TO:

**LEAHY'S FUELS, INC.
P.O. BOX 130
DANBURY, CT 06813-0130**