



**AUTOMATIC PAYMENT REQUEST FORM**

**Gas Account #** \_\_\_\_\_ **Oil Account #** \_\_\_\_\_

**Credit Card Holders Full Name and Address:**

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

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

**City:** \_\_\_\_\_ **St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Visa #** \_\_\_\_\_ **CVV#** \_\_\_\_\_ **EXP-DATE** \_\_\_\_\_

**Master Card #** \_\_\_\_\_ **CVV#** \_\_\_\_\_ **EXP-DATE** \_\_\_\_\_

**Discover #** \_\_\_\_\_ **CVV#** \_\_\_\_\_ **EXP-DATE** \_\_\_\_\_

**\*\*Please note we DO NOT accept American Express.**

**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** \_\_\_\_\_

**PLEASE RETURN THE COMPLETED FORM TO:**

**E-MAIL: [info@leahys.com](mailto:info@leahys.com)**

**Fax: (203) 616-2100**

**Mail To:  
Leahy's Fuels, Inc.  
130 White Street, P.O. Box 130  
Danbury, CT 06813-0130**