



AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

I (we) hereby authorize **Leahy's Fuels, Inc.** to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries made in error to my (our)

Checking Account ()

Savings Account ()

at the financial institution named below and authorize that institution to debit and/or credit the same to such account. ACH payments will be automatically processed on approximately the 10th day of each month. This monthly draft will include any delivery or service performed or equipment installment payments that are not included in your budget plan, if applicable.

BANK NAME _____

NAME ON ACCOUNT _____

BANK ROUTING NUMBER _____

BANK ACCOUNT NUMBER _____

This authorization is to remain in full force and effect until Leahy's Fuels, Inc. has received written notification from me (or either of us) 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.

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

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

PLEASE ATTACH A VOIDED CHECK

PLEASE MAIL COMPLETED FORM AND ATTACHED VOIDED CHECK TO:

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