

YES! I would like to start savings money with Easy Pay!

(Please select your discount and complete the form below)

- I would like to receive up to a **\$0.05/gallon discount** on my CFN purchases. Please bill me **daily**, send my invoices and statements to the email address(es) below and enroll me in your Easy Pay program.
- I would like to receive up to a **\$0.04/gallon discount** on my CFN purchases. Please bill me **weekly**, send my invoices and statements to the email address(es) below and enroll me in your Easy Pay program.
- I would like to receive up to a **\$0.03/gallon discount** on my CFN purchases. Please bill me **twice a month**, send my invoices and statements to the email address(es) below and enroll me in your Easy Pay program.
- I would like to receive up to a **\$0.02/gallon discount** on my CFN purchases. Please bill me **monthly**, send my invoices and statements to the email address(es) below and enroll me in your Easy Pay program.

Easy Pay Authorization Form

I (we) _____ hereby authorize Coleman Oil Company to initiate debit and credit entries to my (our) bank account indicated below for goods and services provided by Coleman Oil Company. I (we) further certify that the information set forth below is correct and that we have contacted and authorized the below names Financial Institution to accept such debit and credit entries from Coleman Oil Company. This authority shall remain in full force and effect until Coleman Oil Company has received written notice of change or termination in such time and in such manner as to afford Coleman Oil Company and the Financial Institution a reasonable opportunity to act on it. I (we) understand that this Electronic Funds Transfer service is governed by the rules of The Automated Clearing House and that Coleman Oil Company can terminate or modify it at any time.

Financial Institution (FI) Information (please include a voided check):

FI Name: _____ Contact: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Nine-digit Routing/Transit #: _____ Account #: _____

Customer Information

Customer Name: _____ Account #: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Emailed Invoices & Statements

(All invoices/statements must be sent via email and can be sent to one or multiple email addresses.)

Email #1: _____ Please Select: Invoices Statements Both

Email #2: _____ Please Select: Invoices Statements Both

Email #3: _____ Please Select: Invoices Statements Both

Email #4: _____ Please Select: Invoices Statements Both

Signatures

Authorized Signature: _____ Printed Name: _____ Date: _____

Authorized Signature: _____ Printed Name: _____ Date: _____