ACH Debit | Authorization Form

Suhre's Gas Co., Inc.

Name(s) (please print)_____ Suhre's Account Number_____

Address:_____ Date of Birth:_____

City/State/Zip:_____ Last 4 digits of Social Security #:_____

Home Phone: (_____)_____ Driver's License #:_____

Cell Phone: (_____)_____ Driver's License State: _____

Payment Schedule - Please Check One:

☐ **Recurring* (Budget or Storage)** - Budget Payment will be deducted on the 10th day of each month (or the 1st business day after the 10th.)

☐ **Account Balance*** - Any balance on account will be debited from the account on the 10th day of each month (or the 1st business day after the 10th.)

☐ **Payment Plan**** - Start Date: _____ End Date: _____

Payment Amount: $_____ Number of Payments:_____ Total: $_____

Customer Bank Account Information - **Please attach a Void Check to this form**

Bank Name:_____ Phone Number (_____)_____

Routing Number_____

Account Number_____

Payment Authorization

I authorize my bank to debit my account as identified above to the terms stated here. This authorization shall remain in effect until Suhre's Gas Co., Inc. and bank receive written notification from me of intent to terminate at such time and in such manner as to afford Suhre's Gas Co., Inc. and bank reasonable opportunity to act (minimum 30 days).

I understand that this payment plan may be cancelled by Suhre's Gas Co., Inc. or Merchant due to NSF (Non-sufficient Funds). I will be liable to pay any NSF fee of $25.00, which may be automatically debited for each NSF.

***Account Balance & Recurring Customers** - I understand that the amount debited from my account may change from month to month depending on the budget payments, adjustments or charges to my account balance. All other changes such as bank account number or Account holder name change will require a new ACH Debit Authorization Form to be filled out and submitted to Suhre's Gas Co., Inc. 15 days prior to any change being implemented.

****Payment Plan Customers -** I understand that if the total amount owed to Suhre's Gas Co., Inc. is increased, I authorize this plan to continue as long as the payments amount remains unchanged until the amount owed Suhre's Gas Co., Inc. is paid off, or unless the plan is terminated earlier by me as above. All other changes such as payment amount, frequency, bank account number change, will require a new ACH Debit Authorization Form to be filled out and submitted to Suhre's Gas Co. 15 days prior to any change being implemented.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold Suhre's Gas Co., Inc., the bank, and Merchant harmless from damage, loss or claim resulting from all authorized actions hereunder.

Customer Signature:_____ Date:_____

Second Authorized Signature of Account(if Required):_____ Date:_____