

AUTOMATIC DEBIT AUTHORIZATION

(Please Print)

Customer Name

Advanced Propane Account number

Billing Address

Phone number

E-mail address

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Financial Institution Name

Branch

City/State/Zip

Routing Number

Account Number

**Terms and Conditions**

By completing and signing the Advanced Propane debit authorization form, you authorize Advanced Propane to debit your bank account for the frequency listed below. **You may discontinue this service at any time with 30 days advance written notice to Advanced Propane.** Customers must be credit approved to take advantage of the Automatic Debit Program.

**Frequency of Debit - Circle Option 1 or 2**

- 1. Monthly Recurring (budget billing)  
Date- 5<sup>th</sup>, 15<sup>th</sup> or 28<sup>th</sup> (circle one)    Amount \_\_\_\_\_    Start Date (if recurring): \_\_\_\_\_
- 2. Payment in Full After Service/Delivery  
Date- 5<sup>th</sup>, 15<sup>th</sup> or 28<sup>th</sup> (circle one)

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day.

Signature

Date

*Please mail completed form to: Advanced Propane Inc; 7790B Highway 109 N; Lebanon, TN 37087-0511*

