



Customer No. _____

ACH Authorization Form CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize STEVENS PROPANE LLC to initiate entries to my (our) checking /saving account or Credit/Debit account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until STEVENS PROPANE LLC is notified by me (us) in writing to cancel (30 day written notice) or of any change of bank account number or bank in such time as to afford STEVENS PROPANE LLC AND THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution—Branch, City, State, & Zip)

Financial Institution ABA/Routing Number: _____

Checking Acct. No: _____ Savings Acct. No: _____

Debit or Credit Card (MC,Disc,Visa,Amex) _____ EX ___/20 ___ 3or4 digit code _____

Budget or Non-Budget (Please Circle One) Budget Amount: _____

(Signature)

(Please Print Name)

Telephone No: _____

Dedicated Fax No: _____

Notification Option:
(24 hour notice)

E-Mail Address: _____

No Notification Needed: _____

Scan and Email a copy of this form and a voided check or copy of CC : todd@stevenspropane.com OR

Fax a copy of this form and a voided check to : 231-228-3007 OR

Mail a copy of this form and a voided check to:

Stevens Propane LLC
Credit Department
Maple City MI 49664

**Budget/Non-Budget Payments will be withdrawn on or within 3 days after specified date
(Weekends/Holidays will be withdrawn on the next business day)**

*Customer assumes responsibility for any erroneous information provided in this authorization.
Notice of termination in no way affects debit or credit transactions initiated prior to actual receipt of notice.*