



FARMERS UNION OIL COMPANY

49211 Highway 52 North
P.O. Box 726
Kenmare, ND 58746
701-385-4277 • 800-342-4418

Schedule your payment to be automatically deducted from your checking account. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier: • It is convenient (saving you time and postage) • Your payment will always be on time (even if you are out of town), eliminating late charges.

Here's How Recurring Payments Work: You authorize regularly scheduled debits from your checking account. Your account will be debited the amount indicated on your monthly billing statement.

Note: You must provide written notification at least 21 days prior to your due date of any changes to your ACH account information.

CUSTOMER NAME: _____

Please complete the information below: I _____ authorize Kenmare Farmers Union Oil Co. to debit the bank account indicated below on the 15th of each month for payment of my obligations.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

PLEASE ATTACH A COPY OF A VOIDED CHECK

Account Type: Checking/Saving

Name on Acct: _____ Bank Name _____

Bank Routing # _____ Account Number _____

Bank City/State _____

Terms and Conditions: I understand and agree that any and all changes in my account information, including requests to terminate this agreement, must be in writing and be delivered to company, at the above address, at least 21 days prior to the next due date. If the payment due date falls on a weekend or holiday, I understand and agree that the payment may be executed on the next business day. I understand and agree that as this is an electronic transaction, adequate funds must be available for withdrawal from my account by the payment due date. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), submission error, or other bank related return reasons I understand and agree that the company may at its discretion resubmit the ACH debit transaction within thirty (30) days. I understand and agree that, in accordance with the Credit Application, a late charge will be assessed if the amount due is not received in good and collected funds by the end of the grace period. I also understand and agree that a return item charge may be assessed for each returned ACH debit.

I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law and agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

BOTH PARTIES OF THIS AUTHORIZATION AGREE TO BE BOUND BY THE NACHA RULES

Signature: _____

Date: _____

Bowbells: 119 Main St NE, Bowbells ND 58721 • 701-377-2825
Powers Lake: 9045 Hwy 50, Powers Lake ND 58773 • 701-464-5416
Green Ag: 601 Main St E, Mohall ND 58761 • 701-756-6050