



FREE AUTOMATIC PAYMENT ENROLLMENT FORM

* Convenient * Worry-Free * Save paper and postage * One less bill in the mail *

Auto Pay is an easy and convenient way to pay your monthly bills from Polsinello Fuels. By using our FREE Auto Pay program you can rest assured knowing that every budget payment, statement balance or delivery/service charge will be automatically paid. There are no worries about late payments or lost payments.

This is not for a onetime payment; if you would like to make a onetime payment via credit/debit card or checking/savings account, please contact our office or visit www.polsinello.com to pay online.

Follow the simple steps below to enroll:

STEP ONE: Read and complete the entire authorization form

Polsinello Fuels Account Number: _____

Auto Pay Type : Monthly Budget Monthly Statement All Delivery/Service (circle one or both)

Type of account: Checking Account Savings Account Credit/Debit Card (Visa, Master, Discover)

STEP TWO: Attach appropriate information

1. If you selected Checking Account above please attach a voided check.
2. If you selected Savings Account above please attach a savings deposit slip.
3. If you selected Credit/Debit Card above please fill out the Card information at the bottom of the page.

STEP THREE: Sign and mail back to P.O. BOX 211, Rensselaer NY 12144

Signature: _____ Date: _____

Name (Please Print): _____

I authorize and instruct my financial institution to deduct the amount of my monthly budget, entire statement balance or delivery/service charges (based on my selection above) from my Checking, Savings, Credit Card, and Debit Card account (based on my selection above) and remit payment directly to Polsinello Fuels, Inc. The amount to be deducted is determined by my monthly budget amount, statement balance or delivery/service charges and shall be sent directly to Polsinello Fuels, Inc. by the financial institution I identified. I understand that the charges will occur automatically and without prior notice and this is my authorization for all future charges. **By signing I understand that my Checking, Savings, Credit Card or Debit Card account (based on my selection above) will be debited on a monthly basis within the first 4 business days of the month for monthly budget payments or statement balances or within 4 business days of the delivery/service charges on my account (based on my selection above).**

Any returned payments from my financial institution will result in a \$35 returned item charge to be placed on my account. If I have 2 payments returned then Polsinello Fuels reserves the rights to terminate the Automatic Payment without notice. This instruction and authorization to debit my selected account will remain in full force until revoked by me in writing via certified mail to the address above prior to the 20th day of the month for the deduction to stop for that month.

Credit or Debit Card Information Only:

Type of Card: Visa MasterCard Discover

Card Number #: _____ Expiration Date: ____/____

Name on the Card: _____

Card Billing Address: _____ Zip Code: _____