

Please choose the program that works for you:

Direct Pay Program Bank Account

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Name(s) as shown on account

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Routing number

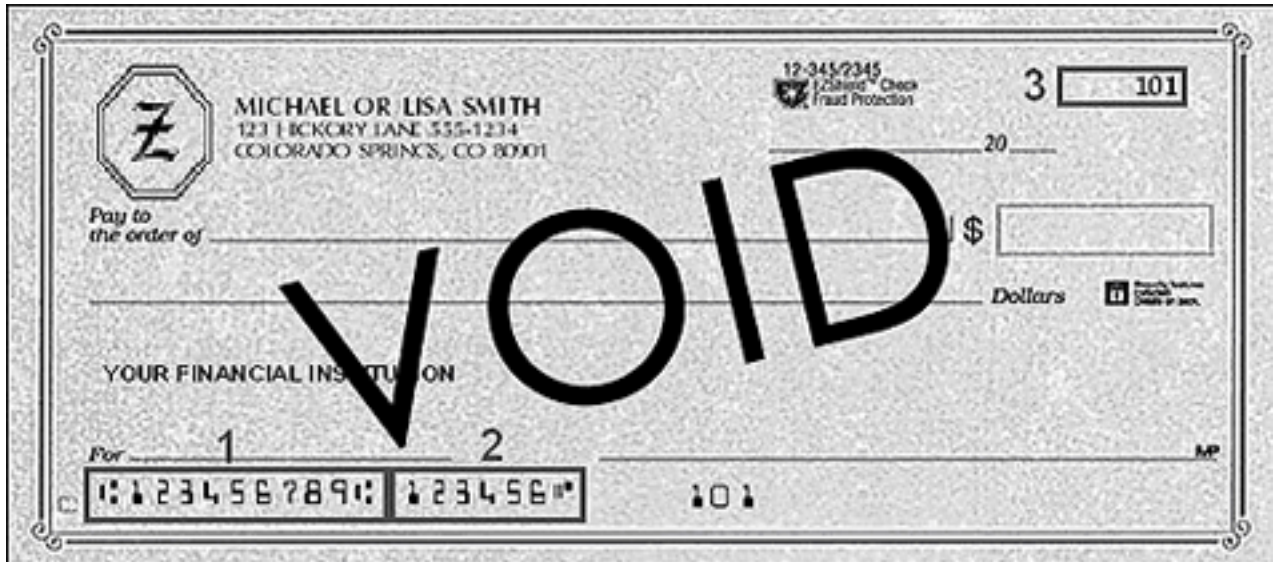
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Account # (please include a voided check with this authorization form)

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Authorized Signature

I authorize Mendenhall Fuel Inc to debit the amount due on my (our) fuel bill to the bank account indicated and also to make credit card entries to the same account to correct any debit errors. I(we) understand that we must notify Mendenhall Fuel Inc in writing to cancel this authorization.



1. Routing Number      2. Account number