

# **M<sup>c</sup>CLEARY**



## **OIL COMPANY INC**

19 West King Street  
Chambersburg PA 17201  
Phone 717-264-6181 Fax 717-264-3881

### **Electronic Funds Transfer Agreement**

Name \_\_\_\_\_

Address \_\_\_\_\_

Customer Number (as it appears on your bill) \_\_\_\_\_

Phone Number \_\_\_\_\_

I hereby authorize (company name) to initiate debit entries to my account indicated below, and the financial institution named below to process those entries. This authority shall remain in effect until I notify you in writing, not less than thirty days prior to my next due date.

Financial Institution \_\_\_\_\_

Bank ABA (routing ) Number \_\_\_\_\_

Account Number \_\_\_\_\_

(Please attach a voided check to this form to verify bank routing number and account number)

Signature \_\_\_\_\_

(owner of payment account)

Date \_\_\_\_\_

*\*If a payment is due on a weekend or holiday, your account will be debited the next business day*

**“Our Family Serving Your Family”  
Since 1928**