



Corporate Office
 P.O. Box 1269, Saugerties, NY 12477
 Local: 845-331-0770 • Fax: 845-331-3760
 Toll Free: 800-869-7678

Authorization Agreement for Direct Payments (ACH Debits)

Direct Debit Authorization for use with (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Fuel Oil #2 | <input type="checkbox"/> Kerosene | <input type="checkbox"/> Propane |
| <input type="checkbox"/> Service Contract | <input type="checkbox"/> Service / Maintenance | <input type="checkbox"/> Installations / Financing |

Kosco Account # _____

Account Type Checking Savings

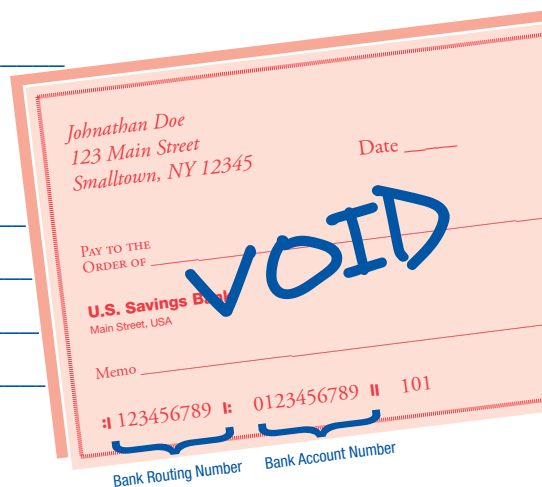
Depository (Bank Name) _____

Branch Address _____

Bank Account # _____

Bank Routing # _____

Be sure to attach a voided check with this agreement



Account Holder's Name _____

Contact Name (Bookkeeper if applicable) _____

Phone Number _____

Email _____



I (we) hereby authorize Kingston Oil Supply (KOSCO) hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/Savings Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

 Account Holder's Signature

Date _____

Account Number