

Authorization Agreement for Preauthorized Payments (ACH)

Hovey LP Gas, Inc.
3081 211th Ave
Decorah IA 52101

Ph. 563.382.8092
Email: melinda@hoveylpgas.com

Name _____
Name _____
Address _____
City, ST Zip _____

I authorize Hovey LP Gas, Inc., to initiate debit entries; and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account indicated below. This authorization will remain in effect until I have canceled it in writing to the company.

Current invoice* for the amount of the invoice payable on the discount date, or next available banking day.

** Amounts will vary on each delivery.*

Please provide us with the following information.

_____ E-mail Address _____ Phone Number _____ Cell Phone Number

Bank Information: Please attach a voided check or photo copy of check.

_____ Name _____ Financial Institution Routing Number _____ Account Number
_____ Branch Number found between these symbols **||** : **||** :
_____ on the bottom left of your check Checking
_____ Account Name (please print) _____ Customer's Original Signature _____ Date
_____ Savings
