



AUTHORIZATION FOR AUTOMATIC ACCOUNT WITHDRAWALS

Select your preferred Auto Pay option
Complete the appropriate section
Sign and return in the envelope enclosed or fax to (215) 576-0560

NAME OF AUTHORIZING ACCOUNT HOLDER (PLEASE PRINT): _____

DAYTIME PHONE NUMBER: _____ EMAIL ADDRESS: _____

AUTO PAY OPTIONS:

1. AUTOMATIC ACCOUNT WITHDRAWAL

Checking (attach a voided check) OR Savings (attach a pre-coded deposit slip)

Financial institution/branch name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Financial institution routing number (on bottom left of check)

Account Number (to the right of the routing number)

Note: Please verify your routing and account numbers with your financial institution. Many deposit slips and some checks contain internal audit numbers rather than the actual routing or account numbers. You are responsible for the number provided on this form.

2. DEBIT/CREDIT CARD CHARGE

Visa MasterCard Discover Amex

Card Number: _____ Expiration Date: _____

I authorize Inter-County Oil Services, Inc and/or Building Inspectors & Contractors, Inc and the financial institution listed above to initiate electronic withdrawals, debits, or charges for services rendered. This authority will remain in effect until I have sent a cancellation notice in writing.

Signature of Account Holder

Date