

EASY AUTO PAY APPLICATION

Please sign me up for Easy Auto Pay for the following account/s:

Oil Acct# _____ Service Acct # _____

Applicant Name _____ Date _____

Co-applicant Name _____

Billing Address _____

City _____ State _____ Zip Code _____

Email Address _____

I (we) hereby authorize O'Brien Oil dba/Frontier Oil Company to initiate debit entries to my (our) () debit/credit card () Checking/Savings account* indicated below and to debit the same to such account. I (we) acknowledge that the origination of these transactions to my (our) account must comply with the provisions of the U.S. law.

Auto Debit/Credit Card Withdrawal

My Debit/Credit Card is a: _____ Visa _____ Master Card _____ Discover Card

Credit Card # _____ Exp date _____ CVV2# _____ (3 Digit code)

Street # credit/debit card statement is mailed to : _____ Statement Zip Code: _____

OR EFT (Electronic Fund Transfer)

Use my Checking/Savings account at Bank/Depository Name: _____

Bank Routing # _____ Checking/Savings Acct # _____

* Please attach a voided check

This authorization is to remain in full force until O'Brien Oil dba/Frontier Oil Company has received written notification from me (or either of us) of its termination in such time and manner as to afford O'Brien Oil dba/Frontier Oil Company a reasonable opportunity to act on it.

Note: All Debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified above.

Acknowledgement: I agree to the terms and conditions set forth above, and understand that I am enrolling in an automatic payment service which will automatically charge my debit/credit card or Checking/Savings account. Enrollment is effective upon receipt of this signed agreement.

Signature of Applicant

Signature of Co-Applicant