

Please choose the program that works for you:

Direct Pay Program: Bank Account

Name(s) as Shown on Account _____ Paraco Account Number _____

Routing Number _____

Account Number (Please include a voided check with this authorization form) _____

Authorized Signature(s) _____

The diagram shows a check with the following fields: Your Name, Your Address, City, State Zip, DATE, PAY TO THE ORDER OF, \$, DOLLARS, Bank Name, Bank Address, MEMO, ⑆ 123456789 ⑆ ⑆ 123456789 ⑆ ⑆ 0100. Arrows point from the first 12 digits to 'Routing Number' and from the next 10 digits to 'Account Number'.

Routing Number

Account Number

I (we) authorize Paraco Gas Corp. to debit the amount due on my (our) propane gas bill to the bank account indicated, and also to make credit card entries to the same account to correct any debit errors. I (we) understand that we must notify Paraco Gas Corp. in writing to cancel this authorization.

Easy Pay Program: Credit Card

Visa® MasterCard®

Name(s) as Shown on Account _____ Paraco Account Number _____

Card # _____

Expiration Date (Mo/Yr) _____

Authorized Signature(s) _____



I (we) authorize Paraco Gas Corp. to debit the amount due on my (our) propane gas bill to the credit card account indicated, and also to make credit card entries to the same account to correct any debit errors. I (we) understand that we must notify Paraco Gas Corp. in writing to cancel this authorization.