

EASY AUTO PAY APPLICATION

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

Oil Acct# _____ Service Acct # _____

Primary Name _____ Date _____

Secondary Name _____

Billing Address _____

City _____ State _____ Zip Code _____

Email Address _____

I (we) hereby authorize O'Brien 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.

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

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

Bank Routing # _____ Checking/Savings Acct # _____

This authorization is to remain in full force until O'Brien 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 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