



Chair City Oil Inc
525 Main St
Gardner, MA 01440
 Phone: (978)632-4600 Fax: (978)632-4601

Electronic Check Authorization

Name _____

Day and Evening Phone Number(s) _____

Customer Number or Online Order Number * _____

*If known

I authorize Chair City Oil Inc to initiate an electronic debit entry to my:

Checking Account

Savings Account

Financial Institution Name _____

Financial Institution City and State _____

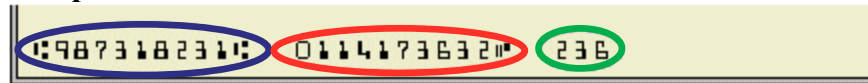
Routing Number* _____

*Routing numbers are always 9 digits long.

Account Number* _____

*Account numbers may be up to 17 digits long.

Sample Check #1

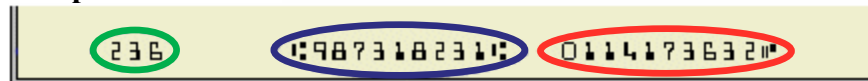


The Routing & Transit # is 9 digits Surrounded by

The Account # is usually left of - If Check # is left of Account #, ignore Check #

The Check # should Match the # in the upper right corner

Sample Check #2



The Check # should match the # in the upper-right corner

The Routing & Transit # is 9 digits Surrounded by

The Account # is usually left of

Note: These 3 sets of numbers may appear in a different order on your check

I understand the above information is given in confidence for the purpose of making payment for good and services to my account only. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US Law. Returned checks will be assessed a service fee of \$25. Electronic Debits may take up to 48 hrs to process.

Signature

Date

****Fax, e-mail, or mail this completed form to:**

Chair City Oil Inc.

www.ccoil.com e-mail: webrequest@ccoil.com

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