ARMSTRONG PROPANE
ARMSTRONG PETROLEUMS

A Trusted Name Since 1963

Pre-Authorized Payment (PAP) Plan Agreement

I/We authorize Arthurs Fuel, and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for charges arising under my/our Arthurs Fuel account(s) according to the following instructions:

Invoiced amounts are to be ☐ **Charged to my credit card Upon Receipt**

The balance owing on my/our Arthurs Fuel account statement is to be:

☐ **Withdrawn from my bank account - 25th of the month** ☐ **Charged to my credit card - 10th of the month**

☐ **Budget Plan Option* (withdrawn from my bank account on the 29th of the month or credit card on the 5th)**

*Monthly budget payment plans are for home heating accounts only. You will be advised of the amount in July/August each year that will be withdrawn as 10 monthly payments- September to June. Accounts will be re-evaluated in February, and you will be advised if adjustments are necessary. Any remaining balances must be paid before August 31st to continue the program and will be divided into equal payments in July and August. **

This authority is to remain in effect until Arthurs Fuel has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next payment is scheduled at the address provided below.

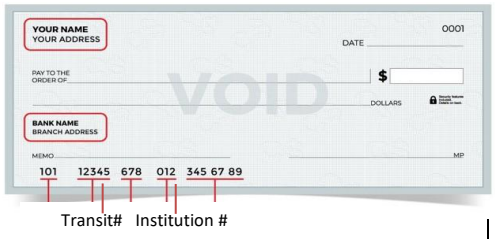
PAYMENT OPTIONS

Automatic Withdrawal from Bank

Transit/ Branch # _____ Institution # _____

Account # _____

☐ Void Cheque Attached



Automatic Payment by Credit Card

For your security, please call our office or provide a contact number where you can be reached to obtain your credit card information.

Phone Number: _____

AUTHORIZATION

Name _____ Account # _____

Address _____

Street or PO Box City/Town Province Postal Code

I/we hereby authorize Arthurs Fuel to pay my balance on the above-mentioned account per the above payment options.

Signed _____ **Print Name** _____ **Date** _____

Please return by mail or email to ar@arthursfuel.com

ARMSTRONG PROPANE & PETROLEUMS
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