



Authorization Agreement for Electronic Payments

Company or Personal Information

Your Name _____
(As it appears on your bank account)

Address _____

City _____ State _____ Zip _____

Financial Institution Information

Financial Institution Name _____

Routing (ABA) Number _____ Account # _____

Address _____ Account is Checking Savings

Payment Information

Full amount billed/due

Amount \$ _____

Authorization

*I hereby authorize **Hometown Comfort Heating LLC d/b/a Comfort Heating** to withdraw my payment(s) from the account listed above and if necessary, to initiate credit entries or adjustments for any withdrawals made in error to my (our) account. This authorization is to remain in full force and effect until written notice from me has been received by the company in such a manner as to afford reasonable time to act on it.*

Date _____ Signature _____