



DIRECT PAYMENT PLAN AUTHORIZATION

P.O. Box 900, Verona, VA 24482

Ph: 540-248-6273 • Fax: 540-248-2524

Toll Free: 800-403-4943 • www.dixiegas.com

Customer Name: _____ Dixie Account Number: _____

Billing Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

TERMS AND CONDITIONS

By completing and signing the Dixie Gas & Oil Direct Payment Plan Authorization form, you authorize Dixie to initiate electronic entries to your bank (checking/savings) or credit card account on a date prior to the payment deadline. If the payment amount varies, we will notify you at least 10 days in advance. Dixie has the right to terminate this payment option at any time. This authorization will remain in effect unless we receive a written notice to terminate at least 30 days in advance. If a payment is subsequently dishonored by your financial institution for any reason a dishonored item fee of \$35.00 will be applied to your account and payment shall not be considered to have been made. All eligible discounts will be automatically applied. Please initial and choose option below.

_____ I have read and agree to the terms and conditions listed of this program. I authorize Dixie to initiate direct payments for (choose one): Deliveries Only All Charges on Account

(Choose only one option below for your Direct Payment Plan electronic payment method)

Checking/Savings Account

Financial Institution: _____	Branch: _____
City: _____	State: _____ Zip: _____
Checking/Savings Account Number: _____	Check One: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Financial Institution Routing Number: _____	(ON BOTTOM LEFT OF CHECK BEFORE ACCOUNT NUMBER)
IMPORTANT: In order to complete your Direct Payment request, please submit a VOIDED check from the account information listed above. All eligible discounts will be automatically applied with this payment method.	

Credit Card Account

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Name as it appears on Card: _____			
Billing Address for Card: _____			Billing Zip Code: _____
<small>(STREET, CITY, STATE)</small>			
Card Number: _____		Expiration Date: _____	
CVV #: _____	Email Address: _____		Receipt: <input type="checkbox"/> Yes <input type="checkbox"/> No
<small>(TO RECEIVE ELECTRONIC RECEIPT)</small>			
IMPORTANT: Your Direct Payment request initiated with your Credit Card does not qualify for the Cash Discount.			

Signature: _____ Date: _____