



neighbors taking care of neighbors

HOMETOWNE ENERGY

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2300 Milo Mill Road
Penn Yan, NY 14527
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AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

CUSTOMER NAME: _____ (hereinafter called CUSTOMER)

CUSTOMER TAX ID NUMBER: _____

CUSTOMER hereby authorizes Hometown Energy Co., Inc., hereinafter called COMPANY, to initiate debit and credit entries to the checking account indicated below and the bank named below, hereinafter called BANK, to debit or credit the same such account:

BANK NAME _____ BRANCH _____

BANK ADDRESS _____

CITY _____ STATE _____ ZIP _____

BANK ABA ROUTING NUMBER _____ ACCOUNT NUMBER _____

PLEASE CIRCLE: ACCOUNT TYPE: COMMERCIAL OR RESIDENTIAL

CHECKING OR SAVINGS

This authority may be terminated upon thirty days' prior written notification of its termination from CUSTOMER to the COMPANY. Termination shall not affect debit or credit entries initiated prior to receipt of such notices. Similarly, CUSTOMER may transfer this authority to another CUSTOMER account upon thirty days' prior written notice to the COMPANY. If an erroneous debit entry is initiated by COMPANY to CUSTOMER'S account, CUSTOMER shall have the right to have the amount of such entry corrected by giving written notice of such error to COMPANY within thirty days following the date on which BANK sends to CUSTOMER a statement of account or written notice pertaining to such entry. Upon receiving notice of such error, COMPANY will initiate an offsetting credit. If any debit to CUSTOMER'S account should fail to be honored by BANK due to insufficiency of available funds, COMPANY shall be entitled to recover from CUSTOMER all fees and charges imposed by BANK by reason thereof and CUSTOMER shall forfeit any discount or other allowance applicable to the transactions(s) giving rise to such dishonor. Any such occurrences of dishonor may result in termination of CUSTOMER'S credit. All credit and other terms and provisions between CUSTOMER and COMPANY shall remain in full force and effect.

NAME OF CUSTOMER: _____

COMPANY OFFICIAL SIGNATURE: _____

PRINTED NAME _____

TITLE _____ DATE SIGNED: _____

EFFECTIVE DATE: _____

NOTE: PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP FOR THE BANK ACCOUNT IDENTIFIED ABOVE.

REQUIRED ADVANCE NOTICE TO BE SENT YES _____ NO _____

EFT ADVICE TO BE SENT TO: _____

FAX NUMBER: _____ ATTN: _____

OR EMAIL ADDRESS _____

SPECIAL INSTRUCTIONS: _____