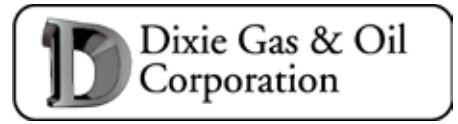


# How Does The Program Work?



Now you can have your fuel payment made automatically from your checking or savings account, and you won't have to change your present banking relationship to take advantage of this service. You authorize your regularly scheduled fuel payment to be made from your checking or savings account. Just sit back and relax, your fuel payment will be made automatically on the specified date. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of payment varies from month to month, we will notify you at least 10 days before the payment date. The direct payment plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the form at the bottom of this brochure and return it to us with a voided check. If you have any questions regarding this new service from Dixie Gas & Oil, please contact us at 540-248-6273 or 800-40-DIXIE.

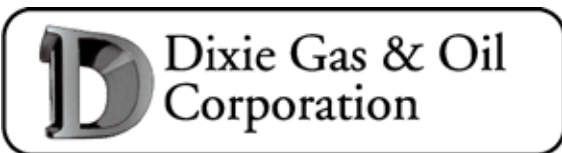
## Retain For Your Records

On \_\_\_\_\_ I authorized Dixie Gas & Oil Corporation to initiate electronic entries to my  
Date  
checking/savings account and have agreed to the terms listed on the authorization (on the back panel of this brochure). I may revoke my authorization with Dixie Gas & Oil at any time by writing to P.O. Box 900 • Verona, VA 24482. If you have any further questions, you may call us at 540-248-6273 or 800-40-DIXIE.

Initial payment amount = \$ \_\_\_\_\_ (If payment amount changes we will notify you at least 10 days before the scheduled payment date.)

Regular budget payment date will fall on the 10th of each month. Customers accounts not on budget plans

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cut along dotted line, complete and return



## Authorization Form

Return to P.O. Box 900 • Verona, VA 24482

I authorize Dixie Gas & Oil and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged. VOIDED CHECK REQUIRED.

Staple Voided Check Here

Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Checking/Savings Account #: \_\_\_\_\_ Circle One:    Checking    Savings

Financial Institution Routing Number: \_\_\_\_\_  
(on the bottom left of your check before your account number)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_