

To sign up for automatic bill payments, please complete the payment option and the payment schedule **Please note:** If you have already scheduled recurring online payments through another online billing provider, you must cancel that recurring payment option to avoid duplicate monthly payments. COD accounts are not eligible for automatic payment enrollment.

Customer Name Address City State ZIP Phone Alternate Phone E-mail AUTOMATIC PAYMENT OPTION (Select Only One Below) DEFT-Bank Information Account Holder's Name Account Number N	Account Number	(se	ee below to enroll additional accounts)
City	Customer Name		
City	Address		
AUTOMATIC PAYMENT OPTION (Select Only One Below) EFT -Bank Information			State ZIP
ALTOMATIC PAYMENT OPTION (Select Only One Below) FFT - Bank Information	Phone	Alternate Phon	e
ALTOMATIC PAYMENT OPTION (Select Only One Below) FFT - Bank Information	E-mail		
Account Holder's Name			
Account Holder's Name 9-Digit Routing Number Account Type: Checking Savings Bank Account Number Bank Account Number Bank Account Number Bank Name Credit Card Information Credit Card Information Credit Card Maccount Holder's Name Credit Card Billing Address Street City	☐ EFT -Bank Information		
9-Digit Routing Number	Account Holder's Name		
Credit Card Information Credit Card Account Holder's Name Credit Card Account Holder's Name Credit Card Billing Address Street City	9-Digit Routing Number	Account Type:	
Credit Card Account Holder's Name Credit Card Billing Address Street City	Bank Account Number	Bank Name	
City	☐ Credit Card Information		
Credit Card Number/Expiration Date:/CVV	Credit Card Account Holder's Name		
AUTOMATIC PAYMENT SCHEDULE (Select Only One Below & Complete the required information) Account Balance-Specific Day of the Month	Credit Card Billing Address Street		
AUTOMATIC PAYMENT SCHEDULE (Select Only One Below & Complete the required information) Account Balance-Specific Day of the Month	City		State ZIP
□ Account Balance-Specific Day of the Month	Credit Card Number/	Expiration Date:	/ cvv
□ Invoice Amount-Days After Transaction Date (How Many Days After) □ Invoice Amount -on Due Date □ Weekly -Amount \$ Day of the Week (What day of the week?) □ Non Budget Monthly Amount \$ Day of the Month (What Day?) Please Note: If you do not check a payment schedule it will default to Invoice amount on due date Authorization I hereby authorize Superior Plus Energy Services, Inc and any of its successors and assigns (hereinafter referred to as the "Company"), to initiate debit entries to my bank account or charge my credit card as indicated above. I understand that I may discontinue enrollment in the EFT service at any time by informing the company in writing to the address below. Payments returned for non-sufficient funds will be reinitiated and \$20 fee will be charged to account. Signature Date This authority is to remain in full force and effect until Company receives written notification of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it. To enroll additional Superior Plus Energy Services accounts in EFT using bank account above, please list below. If you have more than 2 additional accounts, please provide them on a separate sheet: Account Number: Name on Account: Name on Account:	AUTOMATIC PAYMENT SCHEDULE (Select Only One	Below & Complete	the required information)
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	Account Number:	Name on Account: _	

<u>Please return by mail to:</u> Superior Plus Energy, 1870 S. Winton Rd, Ste. 200, Rochester, NY 14618 Or by email to ar@superiorplusenergy.com