



Authorization for Online Bill Pay

Customer Name: _____

Woodruff Account Number: _____

I (we) hereby authorize Woodruff Energy to initiate debit entries to my (our)

(SELECT ONE)

Checking Account

Savings Account

as indicated below from the financial institution named below and to debit the same account on the 5th day of each month.

Name on Bank Account: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

Budget Amount \$ _____

This authorization is to remain in full force and effect until Woodruff Energy has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Woodruff Energy and the financial institution a reasonable opportunity to act on it.

Your Name: _____

(PLEASE PRINT)

Signature _____ Today's Date: _____