

Instructions for paying your Holtzman bill on-line:

1. Print Form
2. Fill out completely and confirm account numbers
3. Sign form and return
4. By email: dshreiner@holtzmancorp.com
 By fax: (540) 477-3975
 By Mail: Holtzman Corp., Attention Credit Manager
 PO Box 8, Mount Jackson, VA 22842

ACCOUNT NUMBER _____
ACCOUNT NAME: _____
BUDGET ACCOUNT _____ YES _____ NO



DEBIT/CREDIT AUTHORIZATION AGREEMENT (ACH)

I/We hereby authorize Holtzman Oil Corp. (hereinafter called "COMPANY") to initiate Debit/Credit entries to my/our checking savings at the depository financial institution named below (hereinafter called "DEPOSITORY") and to debit/credit such entries as may be required to process payments. I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of US law.

Company will send a draft notification containing the draft amount and a due date. Drafts due on a Saturday, Sunday or banking holiday will be drafted on the next business day. Notification of any discrepancies must be reported to the credit department prior to the draft due date.

Depository's Name (Bank)	Branch
City/State/Zip Code	
Routing Number	Account Number

This authorization is to remain in full force and effect until COMPANY has received written notification from me/us fifteen (15) days prior to its termination in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act upon it.

Primary Account Owner (Please print)	Social Security Number
Co-Owner (if two signatures required) (Please print)	Social Security Number
Signature of Primary Account Holder	Date
Signature of Co-Owner	Date

Note: All written Debit/Credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Please attach a voided check for your account referenced above.