AUTHORIZATION FOR DIRECT PAYMENT

I authorize Union Oil & Gas to debit my bank account monthly by Automated Clearing House (ACH) for the total amount of the bill from the financial institution named below. This authorization will remain in effect until I notify Union Oil & Gas 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 the named financial institution 3 days before my account is charged.

(Name on Account)	
(Email)	(Phone #)
(Address)	
	Banking Information
(Financial Institution Name)
(Financial Institution Address)	
Signature:	Date:
Email complete	ed form along with a clear image of a <u>Voided Check</u> to:
	utilitynotifications@unionoilgas.com
	or
Enclose a Voided Check and mail to :	
	Union Oil & Gas
	PO Box 27

Winfield, WV, 25213