



ONE TIME PAYMENT AUTHORIZATION

Customer Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

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

\_\_\_\_\_

Customer hereby authorizes Parman Energy Corporation, and any of its divisions, to debit customer's bank account, indicated below, for the purpose of a one time payment. This authorization must include the name, contact and billing information, the amount of the transaction, the effective date of the transaction and the customer's submitted agreement for a single-entry ACH debit. Authorization of this transaction is conveyed by submission of this form electronically.

Account Type: Checking \_\_\_\_\_ Savings: \_\_\_\_\_

Routing No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

Amount: \_\_\_\_\_ Payment

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

**SUBMIT**

Once you have completed the form, click the submit button on the right. The form will be submitted and a reply email confirming your scheduled draft will be sent during the same business day.

