



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: _____



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.

