



**MAUI OIL COMPANY, INC.**  
**DIRECT PAYMENT PLAN**  
 Call Us! 808.872.1416

Our **Direct Payment Plan** allows you to have your payment deducted automatically from your checking account.

**The Direct Payment Plan will help you in several ways:**

- o It saves time--fewer checks to write.
- o Helps meet your commitment in a convenient and timely manner—even if you're on vacation or out of town.
- o No lost or misplaced statements, your payment is always on time—it helps maintain your good credit standing.
- o It saves postage.
- o Timely payments avoid finance charges.
- o Timely payments avoid credit holds.

**Here is how the Direct Payment Plan Works**

Your monthly statements balance due will be withdrawn from your checking account on the day you choose; either the 5th, 10th or 15th of the following month. For example, your January statement balance due will be withdrawn from your account in February, either the 5th, 10th or 15th, depending upon your personal choice .

**IMPORTANT INFORMATION**

**ENROLLMENT:** Complete and return the AUTHORIZATION FORM below. Please attach a voided check to verify your bank routing/transit and account number. If the form is received by the 25th of the month, your payment will be deducted on the 5th, 10th, or 15th (your personal choice) of the following month.

**PAYMENT WITHDRAWALS:** Your monthly statement's balance due will be withdrawn on the day you choose: either the 5th, 10th, or 15th of the month. In any payment month, if your payment day falls on a weekend or holiday, the payment will be withdrawn on the next business day.

**ACCOUNT CHANGES:** If you change your bank or bank account, you must submit a new, complete AUTHORIZATION FORM. These or any other changes or cancellations require written notification by the 25th of the month, for an effective date of the following month.

**STOP PAYMENTS:** Stop payment requests should be arranged through your bank.

**REJECTED PAYMENTS:** A charge of \$30.00 will be assessed for each rejected payment. Any unresolved rejected payment may result in immediate credit hold.

**AUTHORIZATION FORM**

I authorize MAUI OIL COMPANY, INC. to initiate electronic debit entries to my checking account for payment of my MAUI OIL COMPANY, INC. account.

My Maui Oil account name is: \_\_\_\_\_

My Maui Oil account number is: \_\_\_\_\_

My phone number is: \_\_\_\_\_

I prefer the following day for my monthly payment: (choose one; see above information)

5th

10th

15th

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U. S. law. This authority will remain in effect until I have cancelled it in writing.

Financial Institution Name: \_\_\_\_\_

Financial Institution City and State: \_\_\_\_\_

Financial Institution Routing/Transit Number: \_\_\_\_\_

Account Number at Financial Institution: \_\_\_\_\_

Name as it appears on Bank Account: \_\_\_\_\_

Your Signature: \_\_\_\_\_

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

**PLEASE STAPLE A VOIDED CHECK TO THIS FORM**  
**PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS**