



Mail To: 22945 E. Piney Grove Road  
Georgetown, DE 19947  
Attn: Sharp Energy Direct Debit

### Automatic Direct Debit Authorization Form

Sharp Energy Account Number	
Name	
Address	
City, State Zip Code	
Primary Phone Number	
Secondary Phone Number	
Email Address	

**Credit Card**            

Please setup my Sharp Energy account for automatic deduction from my Credit Card.

Credit Card Number	
Credit Card Expiration Date	
Credit Card Holder Name	

**Electronic Fund Transfer (EFT)**    Checking    Savings

Please setup my Sharp Energy account for automatic deduction from my Checking/Savings account.

Name of Bank	
9 Digit Routing Number	
Bank Account Number	

*I/We hereby authorize Sharp Energy to charge my propane purchases, service bills, Easy Pay Budget payments, and/or other amount indicated due on your monthly statement/invoice to the above referenced Automatic Direct Debit Account information. The direct debit transaction will be processed on or about the 15th of every month where I have a balance due to Sharp Energy. I/We understand that my/our Sharp Energy account may be subject to an additional charge if my/our payment is rejected, reversed, or refused by Sharp's financial institution and my account will be removed from Automatic Direct Debit.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Signature if applicable