

FERRELLGAS AUTOMATIC CREDIT CARD/DEBIT PAY AUTHORIZATION

Today's Date _____

Customer name _____ Account number _____

Billing address(es) _____ Phone number _____

City _____ State _____ ZIP _____

ELIGIBILITY

Your account must be current to be eligible for the Ferrellgas Credit Card/Debit Pay program. You may not have had more than two separate return items (NSFs) within the prior 12 months. *Customer must be signed up for Budget Billing if "Checking or Savings account" is selected.*

TERMS AND CONDITIONS

By completing the Ferrellgas Automatic Credit Card/Debit Pay authorization form, you authorize Ferrellgas to debit your credit card/checking account each month prior to the payment deadline. Your payments will be debited from your credit card/checking account prior to the payment deadline. Please review your statement/invoice for accuracy. Ferrellgas will be responsible for correcting statement/invoice errors if written notification from you is received within 60 days of the statement/invoice date in which the error occurred. You understand and agree that Ferrellgas is not liable for incorrect debits to your account resulting from errors on your statement/invoice. Ferrellgas has the right to terminate this payment option at any time. You may discontinue this service at any time with 30 days advance written notice to Ferrellgas. This authorization does not alter in any way the terms and conditions of the Ferrellgas Master Agreement for Propane Sales and Equipment Rental. Ferrellgas is not responsible for any financial institution or credit card fees as a result of this program or other indirect, consequential, or incidental damages, including fees for account adjustments or overdrafts.

RETURN ITEM POLICY

If any automatic payment is returned unpaid or declined by your financial institution for any reason, Ferrellgas may charge and you agree to pay a fee of up to \$25 or the maximum allowable fee under applicable state law, whichever is less. All charges, terms, and conditions are subject to change.

_____ I have read and agree to the terms of this program.

_____ I authorize Ferrellgas to initiate, for payment of my account, electronic debit entries to my (choose only one option):

Credit Card (select one below)

Visa MasterCard Discover American Express

Card Number: _____ Expiration Date: _____

Name as it appears on Card: _____

Security code (On back side of card. 3 digits for VS, MC, DS, 4 digits for Amex): _____

- or -

Checking/Savings Account (circle one)

Financial institution name (please print): _____

Account number at financial institution: _____

Financial institution routing/transit number: _____

Financial institution city and state: _____

IMPORTANT: In order to complete the Debit Pay process, you will need to attach a VOIDED check from the account you have authorized Ferrellgas to debit.

Signature: _____ Date: _____

