



Never Dark Carolinas
411 S. Main Street
Campobello, SC 29322
(864) 457-1409
office@neverdarkcarolinas.com
www.NeverDarkCarolinas.com

ACH Authorization Form CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Never Dark Power Solutions LLC to initiate entries to my (our) checking /saving account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Never Dark Power Solutions LLC is notified by me (us) in writing to cancel (30 day written notice) or of any change of bank account number or bank in such time as to afford Never Dark Power Solutions LLC and the Financial Institution a reasonable opportunity to act.

This agreement serves to discount the propane at 10 cents per gallon below any locally available advertised rate.

(Name of Financial Institution)

(Address of Financial Institution—Branch, City, State, & Zip)

Financial Institution ABA/Routing Number: _____

Checking Acct. No: _____ -OR- Savings Acct. No: _____

Associated Telephone Number: _____

Customer assumes responsibility for any erroneous information provided in this authorization. Notice of termination in no way affects debit or credit transactions initiated prior to actual receipt of notice

(Authorization Signature)

(Please Print Name)

Mail a copy of this form and a voided check to:

Never Dark Power Solutions, LLC
Credit Department
PO Box 702
Landrum, SC 29302

Or, scan and email this form and a copy of a voided check to: credit@neverdarkps.com

Client Delivery Information:

Client Name: _____

Client Address: _____

City State Zip: _____

Phone Number: _____

Propane Tank Size: _____