



AUTHORIZED AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I authorize Our Energy to debit the bank account I have indicated below in the amount necessary to pay-in-full each monthly invoice I receive from Our Energy, LLC

Customer information:

Our Energy Account Number: _____ Name on the Account: _____

Name as it appears on the Bank Account: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Required Banking information:

Financial Institution Name: _____

ABA Routing# _____ Account# _____

Type of Account: ____ Checking ____ Savings

- I agree that the Total Amount Due as indicated on my monthly invoice shall be debited on the due date.
- I understand that if at any time I decide to discontinue this payment service, I must notify Our Energy, LLC in writing at least 15 days prior to next applicable payment date.
- I agree that OUR Energy, in its sole discretion, may terminate this Agreement if my account should lack sufficient funds for payment. In the event Our Energy is unable to secure funds from my bank account for any reason, I may be charged a return check fee and further collection action may be undertaken to the full extent provided by law.

Print Name **Signature:**

Completed agreement should be submitted via:
Mail: 17154 Butte Creek Rd, #250. Houston, TX 77090 **or**
Fax: 281.715.5767 **or** Email: MAhmed@OurEnergyLLC.com