

Santmyer Oil Company Inc.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Customer Name

Customer I D Number

Customer Name (doing business as Name)

Type of Business

Customer Address (Street, PO Box, City, State and Zip code)

Customer Payable Contact Person for Funds Transfer - Phone, Extension and Fax #'s

Bank Depository Name, Branch, City, State, Zip

Routing Number

Account Number

Bank Contact Person & Phone

Above customer, by signatory below, does hereby authorize Santmyer Oil Company Inc., hereto known as the COMPANY, to initiate debit and/or credit entries to customer's checking account indicated below for payment/refund of and debt incurred for the sale of fuel, transport of fuel or both; and does further authorize the depository institution indicated herein to debit/credit such entries to the Customer's account. This authorization shall remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such a time and in such a manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Notice of termination shall in no way affect debit/credit entries initiated prior to actual receipt of notice. All invoices will be processed for payment 7 days after invoice date, all credit and other terms and requirements between Customer and the COMPANY shall remain in effect.

AUTHORIZED this _____ day of _____, 20 _____

Customer (Business) Name

Printed name of Authorizing Person

Signature of Authorizing Person

Title

Note: DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP, THANK YOU.