



AUTHORIZATION AGREEMENT FOR  
PREAUTHORIZED ELECTRONIC PAYMENTS

CUSTOMER'S NAME	TAXPAYER ID NUMBER
CUSTOMER' ADDRESS	CITY                      STATE                      ZIP CODE
CUSTOMER'S ACCOUNTING CONTACT	TELEPHONE (      )

\_\_\_\_\_ (CUSTOMER) does hereby authorize Ewing Oil Company to initiate debit or credit entries to the Customer's Asset Account indicated below, and does further authorize the financial institution named below to debit or credit such entries to the Customer's Account.

DEPOSITORY'S NAME (BANK)	BRANCH
BANK ADDRESS	CITY                      STATE                      ZIP CODE
TRANSIT ROUTING OR ABA NUMBER	ACCOUNT NUMBER
BANK CONTACT	TELEPHONE (      )

This authority shall remain in effect until terminated upon fifteen (15) days written notice by either Customer or Ewing Oil. Notice of termination shall in no way effect entries initiated prior to the actual receipt of notice.

AUTHORIZED as of the \_\_\_\_\_ day \_\_\_\_\_, 20 \_\_\_\_\_

I CHOOSE TO RECEIVE FUNDS TRANSFER NOTIFICATION BY:	
<input type="checkbox"/> FAX      (      )	_____
<input type="checkbox"/> MAIL	_____
	_____
	MAILING ADDRESS
<input type="checkbox"/> E-MAIL	_____

\_\_\_\_\_

CUSTOMER NAME

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

NAME

\_\_\_\_\_

TITLE

**NOTE: PLEASE ATTACH A VOIDED CHECK FOR YOUR ACCOUNT REFERENCED ABOVE.**

**Return form via fax to (301) 790-7498 or via email to [dkagle@ewingoil.com](mailto:dkagle@ewingoil.com).**