



AUTHORIZATION AGREEMENT FOR  
PREAUTHORIZED ELECTRONIC PAYMENTS

|                               |   |
|-------------------------------|---|
| CUSTOMER'S NAME               | TAXPAYER ID NUMBER  |
| CUSTOMER' ADDRESS             | CITY                      STATE                      ZIP CODE |
| CUSTOMER'S ACCOUNTING CONTACT | TELEPHONE<br>(      )   |

\_\_\_\_\_ (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<br>(      )   |

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                      (      )<br>_____ |
| <input type="checkbox"/>                            | MAIL<br>_____<br>_____<br>MAILING ADDRESS  |
| <input type="checkbox"/>                            | E-MAIL<br>_____                            |

\_\_\_\_\_

CUSTOMER NAME

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

NAME

\_\_\_\_\_

TITLE

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