



"Products For Professionals"

P.O. BOX 155 • CHICKAMAUGA, GA 30707 • 706-375-2851 • FAX: 706-375-5798

DIRECT DEBIT (ACH) AUTHORIZATION AGREEMENT

DUE ON THE 15TH OF THE MONTH

CUSTOMER NAME

DATE

CUSTOMER ADDRESS

CITY

STATE

ZIP

CUSTOMER ACCOUNTS PAYABLE CONTACT

TELEPHONE NUMBER / EXTENSION

Customer hereby authorized Whitfield Oil Company, Inc. to initiate ACH debit and credit entries to Customer's deposit account described below, and does further authorize the financial institution described below, to debit or credit such entries to the Customer's account.

BANK NAME

ROUTING NUMBER

BANK ACCOUNT NUMBER

BANK ADDRESS

BANK CONTACT

CITY STATE ZIP

BANK CONTACT TELEPHONE NUMBER

This authority shall remain in effect until terminated upon thirty (30) days written notice by either Customer or Whitfield Oil Company. To the extent that the above bank has the capacity to receive accounting data relating to the debits or credits being transmitted and to the extent Whitfield Oil Company shall elect such form of transmitting information, Customer authorizes Whitfield Oil Company to make transmissions of such information to the above bank.

MONIES WILL BE DRAFTED ON THE 15TH OF EACH MONTH.

Dated this _____ day of _____, 20 _____.

OFFICER AUTHORIZED SIGNATURE

TITLE

• ATTACH A VOIDED CHECK OR DEPOSIT SLIP FROM ABOVE ACCOUNT •

MAIL THIS COMPLETED FORM TO WHITFIELD OIL COMPANY, INC., CREDIT DEPARTMENT AT THE ABOVE ADDRESS