



## ELECTRONIC FUNDS TRANSFER AUTHORIZATION

\_\_\_\_\_  
Name of Company or Individual ("Customer")

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Customer does hereby authorize Pro Petroleum to initiate debit and/or credit entries to customer's checking account indicated below for payment/refund of any debt incurred for purchase/sale of products and services; and does further authorize the depository institution named below to debit/credit such entries to the Customer's account:

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Routing and Transit Number

\_\_\_\_\_  
Bank Contact

\_\_\_\_\_  
Telephone

This authority shall remain in effect until terminated upon (15) days written notice by either Customer or Pro Petroleum. Notice of termination shall in no way affect debit/credit entries initiated prior to actual receipt of notice.

All credit and other terms and requirements between Customer and Pro Petroleum remain in effect.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Signor

\_\_\_\_\_  
Title of Signor

**PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP IF AVAILABLE**

Accounts payable contact: \_\_\_\_\_

A/P Phone: \_\_\_\_\_ A/P Fax: \_\_\_\_\_ A/P E-Mail \_\_\_\_\_

Fax number which draft notices are to be sent: \_\_\_\_\_