

(Signature)

Fagleston Cil Company

101 S. Railroad St. P.O. Box 38 Oconto, NE 68860

Phone: 308-858-4400 Fax: 308-858-4685 Toll Free: 1-888-393-4032

E-mail: egglestonoil@gpcom.net

## CREDIT/DEBIT WRITTEN AUTHORIZATION FORM

I (we) hereby authorize Eggleston Oil Co. (Company) to initiate entries to my (our) checking/savings

accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. (Name of Financial Institution) (Address of Financial Institution Branch, City, State, & Zip) Please Circle Type of Account: Checking Savings (Routing Number) (Account Number) Please choose an option below: I authorize Eggleston Oil Co. to debit \_\_\_\_\_ total payments in the amount of \$\_\_\_\_ to be withdrawn from my (our) bank account reflected above on the \_\_\_\_ of each month. The effective date of my (our) first payment is \_\_\_\_\_\_, followed by \_\_\_\_\_ payments. I authorize Eggleston Oil Co. to debit my (our) account reflected above for the entire statement balance of my account on or near the 1<sup>st</sup> day of each month. This authorization remains in effect until revoked in writing by either party. (Business/Consumer Name - PLEASE PRINT) (Business/Consumer Address - PLEASE PRINT)

If you should need to notify us of your intent to cancel and/or revoke this authorization you must contact us 15 days prior to the questioned debit being initiated. Please call (308)858-4400 or email at egglestonoil@gpcom.net.

(Date)

Mail completed authorization form to: PO Box 38, Oconto NE 68860