RKA Petroleum Companies

Authorization Agreement For Direct Payments (EFT Debits)

_____

Customer Name

_____ _____ _____ _____

Customer Address City State Zip

_____ _____ _____

Customer Payable Contact Person for Funds Transfer Phone E-mail addresses for EFT notice

Number of Days Requested for Notice: ◯ 1 Day ◯ 2 Days ◯ Other: _____

_____ _____ _____ _____ _____

Bank Depository Name Branch City State Zip

_____ _____

Routing Number Account Number

Above customer, by signing below, does hereby authorize RKA Petroleum Companies, Inc. hereto know as the COMPANY, to initiated debit and/or credit entries to customer's checking account indicated above for payment/refund of and debt incurred for the sale of fuel, transport or fuel or both; and does further authorize the depository institution indicated herein to debt/credit such entries to the Customer's account. This authorization shall remain in full force and effect until COMPANY has received written notification from an authorized representative of the customer (or either of us) of its termination in such a time and in such a manner as to afford COMPANY and DEPSITORY a reasonable opportunity to act on it. Notice of termination shall in no way affect debit/credit entries initiated prior to actual receipt of notice. All invoices will be processed for payment 1 business days after invoice date, unless otherwise specified above, all credits and other terms and requirements between Customer and the COMPANY shall remain in effect.

AUTHORIZED this _____ day of _____, 20 _____

_____ _____

Customer (Business Name) Printed name of Authorizing Person

_____ _____

Signature of Authorizing Person Title

Note: Debit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Please attach a voided check or deposit slip. Thank you.