

Authorization Agreement for ACH Debits

_____New _____Change _____Delete

I (we) hereby authorize Independent Bank to initiate ACH debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my (our) account indicated below at named financial institution.

This authority is to remain in full force and effect until written notification is received from me (or either of us) of its termination in such time and in such manner as to afford MARTIN EAGLE OIL COMPANY, INC. reasonable opportunity to act on it. MARTIN EAGLE OIL COMPANY, INC. requires a 10 day notice prior to next transfer date on a new, change or deletion in order for it to effect the next transfer date.

Bank Account Information

Financial Institution Name

Bank Phone Number _____
ACH ABA# _____
Account Number _____
Amount _____
Day(s) of the month for transfer to occur _____
Account Name _____
Address _____

I am a duly authorized check signer on the financial institution account identified above, and authorize all of the above as evidenced by my signature below.

Signature on Account _____
Signature on Account _____
Date _____

ATTACH VOIDED CHECK



MARTIN EAGLE OIL COMPANY, INC.
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