AUTOMATED COLLECTION/DISBURSEMENT DEPOSIT AUTHORIZATION

I hereby authorize Guttman Oil Company to initiate credits or debits *(and/or corrections to the previous credits or debits)* to the institution indicated below. The institution is authorized to credit/debit and/or correct the amounts to my account. The authority is to remain in full force and effect until I revoke it in writing in such time (10 days) and such manner as to afford the institution a reasonable opportunity to act on it.

PLEASE PLACE VOIDED CHECK

Financial Institution (Bank, Savings & Loan, Credit Union):

Address:

City: State: Zip:

Type of Account – Circle One

1) Checking 2) Savings

3) Other _____

Financial Institution Housing Number | | | | | | | | | |

Financial Institution Account Number | | | | | | | | | | | | | | | | | |

Company Name:

Social Security Number or Tax I.D. Number:

Street Address:

Authorized Customer Signature:

Name:

Signature:

Title:

Date:

City, State & Zip Code: