



SEAY OIL COMPANY, INC.
P.O. Box 1147, 700 W 15th St. Hopkinsville, KY 42240 (270) 885-5488
Toll Free (888) 358-9090 Fax (270) 889-5399

Authorization Agreement for Pre-Arranged Payments (ACH debits)

Company Name: _____

Company Address: _____

Taxpayer ID Number: _____

Customer Accounting/Payable Contact Person: _____

Telephone # (_____) _____ Fax # (_____) _____

I authorize Seay Oil Company Inc. to initiate debit entries to my account indicated below. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of US law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Transit ABA No.: _____ Account No.: _____

This authority is to remain in full force and effect until Seay Oil Company Inc. has received written notification from us of its termination in such time and in such manner as to afford Seay Oil Company Inc. reasonable opportunity to act on it. After the account has been charged, we have the right to have the amount of an erroneous debit credited to our account by Seay Oil Company Inc.

This authorization is executed on _____ day of _____, 20_____

By: _____

Title: _____