



ELECTRONIC FUNDS TRANSFER AUTHORIZATION

Name of Company or Individual ("Customer")

Street Address

City

State

Zip

Customer does hereby authorize Pro Petroleum to initiate debit and/or credit entries to customer's checking account indicated below for payment/refund of any debt incurred for purchase/sale of products and services; and does further authorize the depository institution named below to debit/credit such entries to the Customer's account:

Bank Name

Branch

Account Number

City

State

Zip

Routing and Transit Number

Bank Contact

Telephone

This authority shall remain in effect until terminated upon (15) days written notice by either Customer or Pro Petroleum. Notice of termination shall in no way affect debit/credit entries initiated prior to actual receipt of notice.

All credit and other terms and requirements between Customer and Pro Petroleum remain in effect.

Signature

Date

Printed Name of Signor

Title of Signor

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP IF AVAILABLE

Accounts payable contact: _____

A/P Phone: _____ A/P Fax: _____ A/P E-Mail _____

Fax number which draft notices are to be sent: _____