SEWELL OIL COMPANY, INC.
3400 JUNCTION CITY HIGHWAY
EL DORADO, AR 71730
(870) 881-9300 PHONE
(870) 863-5017 FAX
Email: rhudson@sewelloil.com

ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

Customer Name	**Effective Date**
Street Address	**Sewell Oil Company Account No.**
P.O. Box	**Fax No.**
City State Zip	**Telephone No.**

Customer does hereby authorize Sewell Oil Company, Inc. to initiate debit and/or credit entries to Customer's checking account indicated below, and does further authorize the depository institution named below to debit and/or credit such entries to the customer's account.

Bank Name _____

Bank Address _____

Bank Routing Number _____ **(ATTACH COPY OF VOIDED CHECK)**

Customer Bank Account Number _____

Bank Contact _____ **Bank Telephone Number** _____

This authorization shall remain in effect until terminated upon thirty (30) day's written notice by either customer or Sewell Oil Company, Inc. Notice of termination shall in no way affect debit and or credit entries initiated prior to actual receipt of notice. This EFT program can be terminated or modified by Sewell Oil Company, Inc. at any time.

All Credit and other terms and requirements between Customer and Sewell Oil Company, Inc. remain in effect.

CUSTOMER AUTHORIZATION:

Authorized Signature **Title** **Date**

**RETURN TO SEWELL OIL COMPANY, INC. 3400 JUNCTION CITY HWY EL DORADO, AR 71730;
FAX: 870-863-5017; EMAIL: RHUDSON@SEWELLOIL.COM**