



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH)

Owner Name: _____

Owner Number: _____

Email Address (Required) _____

Day Phone _____

Cell Phone _____

I (we) hereby authorize Transoil Marketing, LLC to make electronic deposits into my Checking or Savings (Check One) located at:

Bank Name _____

Branch _____

City _____ State _____ Zip _____

Transit /ABA Number 9 digits _____

Account Number _____

*******PLEASE ATTACH A VOIDED CHECK*******

This is to remain in effect until Transoil Marketing, LLC has received written notification of change in the banking information and has reasonable opportunity to act on it.

Signature _____

Date _____

Please email to divisionorders@transoiltx.com
or mail to P.O. Box 6697, Abilene, TX 79608

Phone 325-698-0200 / Fax 325-677-5499