



ACCOUNT NUMBER _____

ACCOUNT NAME: _____

PLEASE SET ACCOUNT UP ON AUTO PAY: _____

I DECLINE AUTO PAY OPTION: _____

revised 1/8/2020

DEBIT/CREDIT AUTHORIZATION AGREEMENT (ACH)

I/We hereby authorize Holtzman Oil Corp. (hereinafter called "COMPANY") to initiate Debit/Credit entries to my/our checking savings at the depository financial institution named below (hereinafter called "DEPOSITORY") and to debit/credit such entries as may be required to process payments. I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of US law.

Company will send a draft notification containing the draft amount and a due date. Drafts due on a Saturday, Sunday or banking holiday will be drafted on the next business day. Notification of any discrepancies must be reported to the credit department prior to the draft due date.

Depository's Name (Bank)

Branch

City/State/Zip Code

Routing Number

Account Number

This authorization is to remain in full force and effect until COMPANY has received written notification from me/us fifteen (15) days prior to its termination in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act upon it.

Primary Account Owner (Please print)

Social Security Number

Co-Owner (if two signatures required) (Please print)

Social Security Number

Signature of Primary Account Holder

Date

Signature of Co-Owner

Date

Note: All written Debit/Credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Please attach a voided check for your account referenced above.