

Post Office Box 637 Elizabethtown, North Carolina 28337 910-862-8423

Electronic Funds Transfer Authorization Agreement

Customer Name (Print)		Customer Account Number			
Customer's Address		City	State	Zip Code	
Contact Person	Title	Phone Number	Fax Number	E-Mail Address	
institution named below to c	redit such entries di	he Customer's asset acco irectly to the Customer's	ount indicated below account. Custome	orize Campbell Oil Co., Inc. to initiate w, and does further authorize the financial r represents to Originator that the asset s, and not personal, family or household	
Bank		Banking Account Number			
Branch		Transit Routing Number			
Address	City	State	7	Zip Code	
Bank Contact		Phone Number	Fax 1	Number	
account electronically to Cus Law Governing: This agreen Notices: Except as otherwise delivered or sent by prepaid 418 Peanut Plant Road, Eliza All other credit terms and rea IF A WITHDRAWAL CAN	stomer's financial in ment shall be constru- provided herein, a registered mail or c abethtown, NC 283 quirements between NOT BE COMPLE	nstitution's capability to ructed in accordance with Il notices to be given her ertified mail addresses, i , as set herei 337. This agreement may a customer and Campbel ETED BECAUSE FUND	receive such data. h and governed by reunder shall be in y f to Customer to: n above, and if Car y be amended only l Oil Company, Inc DS ARE UNAVAII	ABLE IN YOUR ACCOUNT, YOUR	
				RE SUBJECT TO CHANGED TO COD	
AUTHORIZED as of this the	e		20		
Customer's Name					
Ву:		_ Printed Name:			
Title:					
Ву:		_ Printed Name:			
Title:					

Please attach a VOIDED check to signed authorization