

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

CUSTOMER NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

BANK NAME: _____

BANK ADDRESS: _____

ACCOUNT#: _____

ABA ROUTING: _____

BANK CONTACT: _____

I hereby authorize Cambeck Petroleum Corp. access to the above account in order to electronically draft or deposit funds in accordance with our contractual obligations. Further, I certify that the above information is correct and that this is a business account used solely for business purposes. I agree to provide ten (10) days written notice to Cambeck Petroleum Corp., P.O. Box 8218, 505 S. Pearl Street, Janesville, WI 53547 prior to revoking the authorization.

CUSTOMER SIGNATURE

DATE

CUSTOMER NAME (PRINT)

****** ATTACH VOIDED CHECK ******