

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

CUSTOMER NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

BANK NAME: _____

BANK ADDRESS: _____

ACCOUNT#: _____

ABA ROUTING: _____

BANK CONTACT: _____

I hereby authorize Cambeek 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 Cambeek 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 *****