

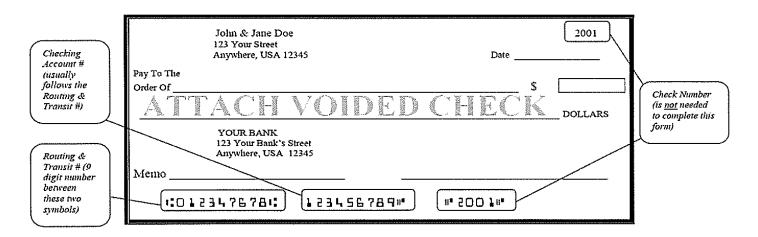
Direct Debit Payment Authorization Form

I hereby authorize Santarelli and Sons Oil, Inc. to initiate debit entries to my account with the financial institution indicated below. This authorization is to remain in full force and effect until Santarelli and Sons Oil, Inc. has received written notification from me of its termination; at such time and in such manner as to afford Santaarelli and Sons Oil, Inc. and the financial institution no later than 15 days before the next transaction effective date to act on my request.

	Customer Name	Please Print			_ Customer #	
	Customer Signature				_ Date	
Bank Account Information						
Depository Bank Name				() Checking () Savings		
City			State	_ Zip		
Routing/Transit Number			Account Number			

NOTE: IN THE CASE OF REVOKED AUTHORIZATION, ALL WRITTEN AUTHORIZATIONS <u>MUST</u> BE REVOKED ONLY BY NOTIFYING THE ORIGINATOR (SANTARELLI) IN WRITING NO LATER THAN 15 DAYS BEFORE THE NEXT TRANSACTION EFFECTIVE DATE.

PLEASE ATTACH A VOIDED CHECK PER ACCOUNT TO THIS FORM.



^{*}This form is intended for one banking institution. For multiple banking institutions, please complete a different form for each institution.