

LYNCH OIL COMPANY, INC.

P.O. BOX 450669

KISSIMMEE, FLORIDA 34745-0669

Toll Free (800) 874-4161

Fax (407) 847-5111

www.**lynchoil**.com

EFT/EZ Pay Form

ELECTRONIC FUNDS (EFT/ACH) TRANSFER PROGRAM

****AUTHORIZATION TO INITIATE DEBIT ENTRIES****

By signing below, it is agreed that Lynch Oil will initiate debit entries to the bank listed below as payment for invoices within the agreed terms. Authorization is effective from date signed, and will continue in force until either party notifies the other in writing to terminate the program.

****All returned drafts will be assessed a \$39.00 NSF Fee****

****Draft Notices are sent 3 business days in advance of withdrawal from specified account.****

Business Name: _____

Bank Name: _____

ABA/Routing Number: _____

Account Number: _____

Contact for Draft Notices: _____

Email Address: _____

Authorized Signer Name: _____

Authorized Signer Title: _____

Signature: _____

Date: _____

****COPY OF VOIDED CHECK MUST BE INCLUDED****

****RETURN FORM VIA FAX TO: (407) 847-5111 – ATTN: TREASURY DEPARTMENT****