

**EFT PAYMENT SERVICE
Authorization Agreement**

The undersigned hereby authorizes Fabian Oil Inc. hereinafter called COMPANY, to initiate debit and/or credit entries to my (our) bank account indicated below and the financial institution named below, hereinafter called BANK, to debit or credit the same to such account.

Bank #(Transit/ABA)	Contact Name
Bank Name	Address
Branch	City
Account No.	Phone No.

This authority is to remain in full force and effect until BANK and COMPANY have received written notification of termination from the undersigned in such time and in such manner as to afford BANK and COMPANY a reasonable opportunity to act on it. The undersigned has the right to stop payment of a debit entry by notification to BANK at such time as to afford BANK a reasonable opportunity to act on it prior to charging account.

Customer's Name (print)	Federal Taxpayer ID No. (if applicable)
Signature	Date
Email	Fax No.

Staple Your Voided Check Here

Submit a voided check for our processing and verification. Send authorization agreement with cancelled check or deposit slip to:

Fabian Oil Inc.
P.O. Box 99
Oakland, ME 04963
Fax: (207) 465-9493