

ROBINSON OIL CORPORATION ACH AUTHORIZATION FORM

I authorize Robinson Oil Corporation (ROC) to initiate ACH debits from my business checking account for the payment of ROC invoices.

Company Information:

Company Name: _____

Address: _____

Billing Contact: _____ E-mail: _____

Phone: _____ Fax: _____

Banking Information:

Please attach a voided check for verification

Bank Name: _____ 9 digit Bank ABA Number: _____

Account Name: _____ Account number: _____

I authorize ROC to debit the account named above:

For all future invoiced amounts owed to ROC. I understand that ROC will debit my account weekly or bi-monthly dependent upon invoice terms. All debits will be supported by a ROC invoice detailing transactions and the total amount owed.

AUTHORIZED SIGNATURE: _____ **DATE:** _____

Name of Authorizing Officer: _____

Title of Authorizing Officer: _____

This authority is to remain in full force and effect until ROC has received written notification of its termination or updated bank information in such time and in such manner as to afford ROC a reasonable opportunity to act on it.