

**ELECTRONIC FUNDS TRANSFER
AUTHORIZATION AGREEMENT**



AGE REFINING, INC.

BANK NAME	CUSTOMER NAME
BRANCH	ADDRESS
ADDRESS	CITY STATE ZIP
CITY STATE ZIP	
CUSTOMER ACCOUNT NO.	BANK TRANSIT / ABA NO.
EASYLINK MAIL BOX NO. / DTN SUBSCRIBER NO.	FAX NO.
EFFECTIVE DATE FOR START OR EFT	

I (we), hereinafter called **CUSTOMER**, hereby authorize **AGE REFINING, INC.** (AGE) to originate electronic entries to originate electronic entries to **CUSTOMER'S** checking account, indicated above and authorize the bank named above, to accept and to debit or credit the amount of such entries to **CUSTOMER'S** account.

This authority is to remain in effect until 30 days after **AGE**, at address shown below, and **BANK**, at address shown above, have received written cancellation from **CUSTOMER** and all purchases by **CUSTOMER** made prior to the receipt of cancellation have been paid, or until 30 days after **CUSTOMER** and **BANK** have received notice from **AGE**.

CUSTOMER understands that a debit entry will only be accepted if sufficient funds are available in **CUSTOMER'S** account. **CUSTOMER** understands that if payment for debit entry is refused, this Agreement may be terminated by **AGE** immediately.

CUSTOMER AUTHORIZATION		
AUTHORIZED SIGNATURE	TITLE	DATE
AUTHORIZED SIGNATURE	TITLE	DATE
BANK ACCEPTANCE		
AUTHORIZED SIGNATURE	TITLE	DATE
AGE REFINING, INC. ACKNOWLEDGEMENT		
AUTHORIZED SIGNATURE	TITLE	DATE
ADDRESS		
CITY	STATE	TELEPHONE NUMBER

ATTACH VOIDED CHECK HERE

EFT DRAFTING SCHEDULE

If EFT Day Falls on:
 Saturday
 Sunday
 Friday Holiday
 Other Holiday

Drafting will occur on:
 Friday
 Monday
 Thursday
 Next Banking Day

AGE REFINING, INC.
 110 Broadway St., Ste 400
 San Antonio, TX 78205-2061
 210-223-6515 telephone
 210-223-8988 facsimile