

LOTT OIL COMPANY, INC. & AFFILIATES

ELECTRONIC FUNDS TRANSFER AGREEMENT FOR PREAUTHORIZED PAYMENT

***** Do Not Fax your EFT form. It MUST BE MAILED. *****

PLEASE PRINT CAREFULLY IN CAPITAL LETTERS.

CUSTOMER LAST NAME	CUSTOMER FIRST NAME	MI	DATE OF BIRTH	CUSTOMER FEDERAL ID
CUSTOMER COMPANY NAME		CUSTOMER NUMBER		COMPANY DOING BUSINESS WITH LOTT OIL COMPANY, INC.

SECTION ** A **

S & O CO., INC. 122 South Set Natchitoches, LA	2583	
Pay to the Order of _____ \$ _____ Dollars	BANKING INSTITUTE NAME	
FINANCIAL INSTITUTE 3rd Main Street Natchitoches, LA	CITY	
FOR _____	STATE	ZIP CODE
: 123456789 : : 12345678910 : 2583	TRANSIT/ABA NUMBER	
ABA NUMBER	ACCOUNT NUMBER	CHECK NUMBER

CUSTOMER AUTHORIZATION

I authorize Lott Oil Company, Inc. and affiliates to initiate debit entries, electronically or by any other commercially accepted methods and to initiate, if necessary, credit entries and adjustments for debit entries in error to my checking or savings account. This authorization will remain in full force and effective until written or electronic notification has been received by Lott Oil Company, Inc. and affiliates. After such notification, I will allow reasonable time for Lott Oil Company, Inc. and affiliates to adjust my records accordingly.

CUSTOMER SIGNATURE: _____

DATE: _____

PLEASE TAPE A COPY OF THE VOIDED CHECK IN THE SPACE PROVIDED BELOW FOR VALIDATION OF INFORMATION

<h2>ATTACH VOIDED CHECK</h2> <h2>NO DEPOSIT SLIPS ACCEPTED</h2> <p>SECTION A - Must be completed to initiate processing</p> <p>INCOMPLETE FORMS WILL BE RETURNED</p> <p>Tape top of check horizontally, corner to corner</p>	<p>ACCOUNT TYPE (SELECT ONE ONLY)</p> <p><input type="checkbox"/> CHECKING</p> <p><input type="checkbox"/> SAVINGS</p>
	<p>PLEASE MAIL COMPLETED FORMS TO:</p> <p>LOTT OIL COMPANY, INC. ACCOUNTS RECEIVABLE DEPT PO BOX 17 NATCHITOCHE, LA 71458-0017</p>