Swink-Quality Oil and Gas
203 West Broad Avenue
Rockingham, N.C. 28379
(910) 997-3101
FAX (910) 895-7476

Quality-Oil and Gas
17600 Andrew Jackson Highway
P. O. Box 949
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FAX (910) 277-0269

Quality-Oil and Gas
1512 West Fifth Street
Lumberton, N.C. 28358
(910) 739-7446
FAX (910) 739-0371

www.qualityoilandgas.com

ACH Agreement

AUTHORIZATION AGREEMENT ACH PREAUTHORIZED PAYMENTS (DEBITS)

I hereby authorize Quality Oil Company to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my Checking ____ Savings ____ account indicated below and the financial institution named below to credit (or debit) the same to such account.

_____

FINANCIAL INSTITUTION NAME CITY STATE

_____

TRANSACTION ROUTING NUMBER ACCOUNT NUMBER

I understand that this authorization will be effective until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is made against my account, I have the right to have the amount of the entry credited to my account by my financial institution. I agree to give my financial institution a written notice identifying the entry, stating that it is in error, and request credit back to my account I will provide this written notice within 15 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after posting, whichever occurs first.

_____ _____

NAME ACCOUNT#

_____

FEDERAL I.D. / SOCIAL SECURITY NUMBER

_____

SIGNATURE DATE

Fax or email this completed form to Quality Oil and Gas Company
Fax: **(910) 895-7476** Email: **apruitt@qualityoilandgas.com**