

**AUTHORIZATION AGREEMENT  
FOR AUTOMATIC DEPOSITS**

New Enrollment

Change to Existing Enrollment

I hereby authorize Bi-Petro, Inc. to initiate automatic deposit entries to my account at the financial institution named below. Such deposit entries shall pertain to payments by Bi-Petro, Inc. to the undersigned in conjunction with purchases of crude oil. This authorization will remain in effect until I notify Bi-Petro, Inc., in writing, that I no longer desire this service, allowing Bi-Petro, Inc. 30 days to act on my notification. **IN THE EVENT YOU HAVE MULTIPLE BI-PETRO, INC. OWNER NUMBERS, A SEPARATE FORM MUST BE SUBMITTED TO US FOR EACH OWNER NUMBER.**

*PLEASE TYPE OR PRINT ALL ENTRIES (except for signature):*

Name of Bank/Financial Institution: \_\_\_\_\_

City, State, Zip Code of above: \_\_\_\_\_

Account Name *(appears on checks/deposit slips)*: \_\_\_\_\_

Banking Transit/Routing No.: \_\_\_\_\_

Checking/Money Market/Savings Account Number: \_\_\_\_\_

Account Type *(must check one)*:  Checking/Money Market  Savings  
*(MUST ATTACH A VOID CHECK)*

Taxpayer ID Number *(must provide one)*:

Social Security Number: \_\_\_\_\_

**or**

Federal Identification Number: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**\*\*GO PAPERLESS\*\*** (check one) **EMAIL MY PAYMENT DETAIL:** \_\_\_\_\_ **\*\*GO PAPERLESS\*\***

**MAIL MY PAYMENT DETAIL:** \_\_\_\_\_

Bi-Petro, Inc. Owner Number *(if assigned on division order)*: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SUBMIT COMPLETED FORM AND VOID CHECK, IF APPLICABLE, TO BI-PETRO, INC.**

Fax to: 217-391-8506      Email to: tessa@bipetro.com      Or mail to: Bi-Petro, Inc., Attn: Tessa  
P. O. Box 19246  
Springfield, Illinois 62794-9246

*If you have questions concerning this form, please contact Tessa Hudson at 217-391-8006*

**WEB**