

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWALS (ACH DEBITS)

CUSTOMER NAME: _____ ACCOUNT #: _____

CUSTOMER EIN or SOCIAL SECURITY NUMBER: _____

I hereby authorize **Adirondack Energy Products LLC**, hereinafter called COMPANY, to DEBIT entries and to initiate, if necessary, CREDIT entries and adjustments for any debit entries made in error to the Checking / Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

TRANSIT ABA NO.: _____ ACCOUNT NO.: _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: _____ Title: _____
(please print)

Signature: _____ Date: _____

INSTRUCTIONS: _____

PLEASE ATTACH VOIDED CHECK