



**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (EFT – Electronic Funds Transfer)**

COMPANY OR  
INDIVIDUAL  
NAME:

I hereby authorize CARTER OIL COMPANY, INC. AND CARTER CARDLOCK, INC. Hereinafter called CARTER, to initiate debit entries and to initiate, if necessary, credit/debit entries and adjustments for any entries in error to my account.

**(check one) indicated below.....**

Checking                       Savings

at the depository named below, hereinafter called DEPOSITORY, to credit or debit the same to such account.

DEPOSITORY NAME:

CITY:

STATE:

ZIP CODE:

ROUTING NUMBER:

ACCOUNT NUMBER:

This authorization is to remain in full force and affect until CARTER has received written notification from me of its termination in such time and in such manner as to afford CARTER and DEPOSITORY a reasonable opportunity to act on it. This authorization shall stay in effect as long as funds are owed and is irrevocable.

NAME:

(Please Print)

SIGNATURE:

DATE:

NOTE: ALL WRITTEN CREDIT/DEBIT AUTHORIZATIONS SHOULD PROVIDE THAT THE RECEIVED MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**THIS FORM MUST BE COMPLETED TO OBTAIN CREDIT WITH CARTER OIL/CARTER CARDLOCK.**

**ATTACH VOIDED CHECK HERE**