NuEnergy Operating, Inc. AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

Check ONE BOX ONLY	— Original A	Authorization	Change Exist	ting
If Original Authorization, fill in AI In all cases, you MUST provide "C				
Company or Owner Name				
Owner Code (found on check)				
Email Address				
Daytime Phone (with area code)				
Company Tax ID				
Or Owner SSN Number	(LAST 4 DIGITS)			
Depository Name				
Street Address				
	City	State	_ Zip	
Transit ABA Number	(9 DIGITS)			
Account Number		_ Circle Acct Type:	Checking	Savings

I (we) hereby authorize <u>NuEnergy Operating, Inc.</u>, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking or Savings account (select one) indicated above and the depository named above, hereinafter called DEPOSITORY, to credit and or/debit the same to such account. No fee will be deducted or collected for this service.

Further, I agree not to hold NuEnergy responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

Payor shall be notified by Owner, in writing, of any change in ownership, decimal interest or payment address.

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: _____

Please Print

_____ Owner Code: _____

Date: ______ Signed: ______ Signed: ______ Signed: ______

IMPORTANT >>>> PLEASE ATTACH A VOIDED CHECK If the account is a savings account, please attach a deposit slip

Date Received

Prenote Date _____