



WOODFORD TRANSPORT LLC

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH Debits)

COMPANY NAME: **WOODFORD TRANSPORT, LLC**

COMPANY ID NO: _____

I, hereby authorize WOODFORD TRANSPORT, LLC, herein after called COMPANY, to initiate Debit entries to my (our) Checking account indicated below, at the depository named below, hereinafter called DEPOSITORY, to Debit (Withdraw) the same from my (our) account.

DEPOSITORY NAME: _____

CITY, STATE, ZIP: _____

ABA ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

This authorization 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.

FEIN NUMBER: _____

SIGNED: _____ DATE: _____

PRINT OR TYPE NAME: _____ TITLE: _____

WITNESS: _____ DATE: _____

PRINT OR TYPE NAME: _____

Please attach a copy of a voided check to assure proper Bank Information.

Where do you want us to send ACH Acknowledgements:

COMPANY NAME: _____

ACCOUNT #: _____

FAX NUMBER: _____

ATTENTION: _____

Note: the receiver may revoke the authorization only by notifying the company in writing at P.O. Box 567, Elkins, WV 26241.