

## AUTHORIZATION TO HONOR DEBITS AND CREDITS BY DANIELSON FUEL SERVICES

NAME:				
ADDRESS:				
CITY:	STATE:	ZIP:	PHONE:	
SIGNATURE(S) OF D	EPOSITOR(S)			
PLEASE PRINT BANK	INFORMATION:			
NAME OF BANK:				
ADDRESS OF BANK:				
CITY, STATE & ZIP O	F BANK:			
BANK PHONE NUME	BER:			

As a convenience to me, I hereby request and authorize this financial institution to pay and charge my account for electronic debits drawn on my account by Danielson Fuel Services to its own order. This authorization will remain in effect until revoked by me in writing and until you receive such notice. I agree that you shall be fully protected in honoring such electronic debit or credit.

I agree that your treatment of each such electronic debit or credit, and your rights in respect to it, shall be the same as if it were signed by me personally. I further agree that if any such electronic debits or credits be dishonored, whether with or without cause, you shall be under no liability whatsoever.

Danielson Fuel Services is instructed to forward this authorization to you.

## PLEASE ATTACH A VOID CHECK TO THIS FORM.