



ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

Customer Name _____

Address _____

City, State, Zip _____

I, _____, do hereby authorize Garrow Oil Corporate to initiate debit and/or credit entries to the Customer's checking account indicated below, and also authorize the depository institution named below to debit and/ or credit such entries to the customer's account TEN (10) days following shipment.

Bank Name _____

Bank Address _____

Bank Routing # _____ (Attach copy of voided check)

Customer Bank Acct # _____

Bank Contact Person _____

Bank Telephone Number _____

This authorization shall remain in effect until terminated upon 10-business days written notice by either the customer or Garrow Oil Corporation. This EFT program will be modified by Garrow Oil Corporation at any time with 10 business days notification to the customer, unless however, bankruptcy, or insolvency proceedings are begun by the customer or in the Company's sole judgment other financial impairment exists as to the customer's business, then the Company may terminate this agreement without notice. Notice of termination shall in no way affect the crediting of transactions initiated prior to the effective termination date.

Customer Authorization:

Authorized Signature Title Date

Please complete this form and return to Garrow Oil Corporation.

(920) 733-7020 (888) 205-9854 FAX (920) 733-6427 www.garrowoil.com