



721 S State St, Aberdeen, SD 57401
Phone: (605) 225-6383 Email: info@nstarenergy.net
www.nstarenergy.net

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: _____ COMPANY FED ID #: _____

I (WE) hereby authorize **North Star Energy LLC**, hereafter called COMPANY, to initiate credit and/or debit entries to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called BANK, to debit and/or credit same to such account. If necessary, to initiate an adjustment entry for any entry processed in error.

BANK NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until COMPANY and BANK 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 BANK a reasonable opportunity to act on it.

NAME(S): _____

SIGNED: _____ DATE: _____

NOTIFICATION METHOD Fax Email (select one)

Fax # / Email address: _____

RETURN FORM TO: Fax No. (605) 225-6389 or Email: info@nstarenergy.net

TAPE VOIDED CHECK HERE: