## NuEnergy, LLC

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

Check ONE BOX ONLY	Original Auth	orization 🗌 Char	nge Existing	g
If Original Authorization, fill in A In all cases, you MUST provide				
Company or Owner Name:				
Owner Code (On Rev. Stmt):				
Email Address:				
Daytime Phone (with area coc	de):			
Company Tax ID				
Or Owner SSN Number	(LAST 4 DIGITS)			
Bank Name				
Street Address				
	City:	State:	_ Zip	
Transit ABA Number	(9 DIGITS)			-
Account Number		Circle Acct Type:	Checking	Savings

I (we) hereby authorize <u>**NuEnergy, LLC**</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:		Owner Code:	er Code:		
PI	ease Print				
Date:	Signed:	Signed:			
		(On a joint account, both parties mu	st sign)		
IMPORTANT >>>> PLEASE ATTACH A VOIDED CHECK If the account is a savings account, please attach a deposit slip ====================================					
Date Received:	Da	ate Entered in System:	Prenote Date:		