



Remit To:

Lincoln Energy Solutions
22 South Main Street
Fourth Floor
Greenville, SC 29601
Fax (864) 242-9445

DEBIT AUTHORIZATION FORM

I hereby authorize Lincoln Energy Solutions to initiate a debit entry to my checking/savings account at the financial institution indicated below, and initiate adjustments, if necessary, for any transactions debited in error. This authorization will remain in effect until Lincoln Energy Solutions is notified in writing to cancel it in such time to afford Lincoln Energy Solutions of Greenville SC and the financial institution a reasonable opportunity to act on it.

NAME OF FINANCIAL INSTITUTION

LOCATION (City, State)

FINANCIAL INSTITUTION'S ROUTING/TRANSIT NUMBER:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(Digits are between symbols "1: 1:" at the bottom of your check)

FINANCIAL INSTITUTIONS'S ACCOUNT NUMBER:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(Your account style: ___ ZBA ___ Checking ___ Savings ___ Others)

Please accept this as your authorization to debit my account 10 Days Following Delivery for the balance due on my Lincoln Energy Solutions Fuel Wholesale account. Lincoln Energy Solutions will credit your account \$1.00 to test the processing from this account to the Lincoln account.

SIGNATURE

DATE

NAME (Please Print)

CUSTOMER # (existing account)

(The same name must appear on the canceled check/deposit slip you provide.)

ATTACH DOCUMENT HERE