

Authorization for Direct Deposit – Contractor Owner/Operator form

This authorizes TOP SHELF ENERGY, LLC to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Account Information

Type (check one): Checking Savings

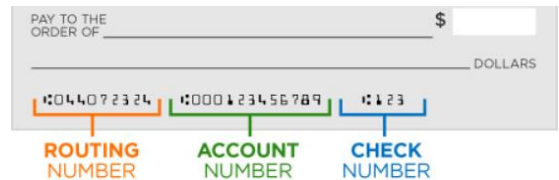
Owner/Operator Bank Name: _____

Bank Routing # (ABA#): _____ Account #: _____

Name(s) on the Account: _____

Please attach a voided check for account here.

Deposit slips are not acceptable.



This authorization will be in effect until TOP SHELF ENERGY, LLC receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature _____ Date _____

Printed Name _____ SS# _____

O/O Company Name _____ Company EIN _____

Please fill out and return to Kay Beck @ Top Shelf Energy, LLC