AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS VIA ACH (ACH DEBITS) Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment. Change **Enrollment** Cancellation Select One: , (the "Company"). I (we) hereby authorize NJGCA/NJ Gasoline Retailers Association and Allied Trades Inc to initiate debit entries to transfer funds from my (our) account or initiate if necessary, credit entries and adjustments for any debit entries made in error to my (our) account indicated below at the depository financial institution named below (the "Depository"). I (we) agree that ACH transactions authorized herein to my (our) account comply with all applicable law. This authorization is for: (Check appropriate authorization) A specific amount of \$ on a Weekly Monthly or other recurring basis _____; A variable amount as billed to me or agreed upon on a recurring basis: Weekly Monthly or other recurring basis _____; Or for a single entry in the amount of \$_____. Other, please describe: Depository Name: Account Number: Number: Account Type (Select One): Checking Savings This electronic debit(s) will be processed on the payment date or the next business day if the due date is a holiday or weekend. The first electronic debit will occur on _____ (Month/Day/Year). This authorization is to remain in full force and effect until the Company has received written notification from me (or either of us) to revoke this authorization. I (we) understand that the Company requires a reasonable opportunity to act on it. I (we) agree to notify the Company in writing by mail to Company Address: 66 Morris Ave Springfield NJ 07081 so that this is received by the Company at least _____ (# of) business days prior to the proposed effective date of the termination of the authorization. Joint Account Account Name: (Please Print) Signature: Signature:

Company should retain original copy and Customer should retain a copy for their records