



CORPORATE ADDRESS:
2700 KELLY CREEK RD SUITE B MOODY, AL 35004
OFFICE 205-640-0005 / FAX 205-917-5751

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Employee Name: _____
(Printed)

I (We) hereby authorize High Tide Oil Company, Inc. ("COMPANY"), to initiate credit &/or debit entries to my

SELECT ONE:

- CHECKING ACCOUNT
- SAVINGS ACCOUNT

At the depository financial institution named below ("DEPOSITORY"), and to credit &/or debit the same to such account. I acknowledge that the origination of automated clearing house (ACH) transactions to my account must comply with the provisions of U.S. Law.

Depository Name: _____

City: _____ State: _____ Zip Code: _____

Routing Number: _____

Account Number: _____

This authorization is to remain in full force and effect until High Tide Oil Company, Inc. has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. If any monies are owed on this account this authority cannot be cancelled for any reason until account with High Tide Oil Company, Inc. has as zero balance.

ID/Employee Number: _____

Employee Signature: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM