



**Coastal Energy Corporation**  
PO Box 218 • 1 Coastal Drive  
Willow Springs, MO 65793  
Ph. (417) 469-2777 Fax (417) 469-2294

**Electronic Funds  
Transfer  
Authorization  
Agreement**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

*Customer hereby authorizes Coastal Energy Corporation to initiate electronic funds transfer debit and credit entries to Customer's deposit account described below, and does further authorize the financial institution described below to debit or credit such entries to the Customer's account.*

Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Bank Contact: \_\_\_\_\_

\_\_\_\_\_ Bank ABA#: \_\_\_\_\_

Bank Contact Phone: \_\_\_\_\_

*This authority shall remain in effect until terminated upon ten (10) days written notice by either Customer or Coastal Energy Corporation. Notice of termination shall in no way affect debit entries initiated prior to actual receipt of notice.*

*Customer shall receive advance notice of invoices and/or debits in such form and at such time as may be established by Coastal Energy Corporation. All credit terms and other terms and conditions of trade credit otherwise established between Customer and Coastal Energy Corporation shall remain in effect.*

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

*This authorized agreement is established between Customer and Coastal Energy Corporation with respect to currently prevailing trade credit terms. Coastal Energy Corporation may change the applicable trade credit terms without notice to the above bank.*

**Return Completed Form To:**  
Coastal Energy Corporation  
PO Box 218  
Willow Springs, MO 65793  
erik@coastal-fmc.com