



ENROLL IN DIRECT DEPOSIT

I hereby authorize Killam Oil Co., LTD. (the Company) to deposit the proceeds of my revenue check directly into the bank account noted below via Electronic Funds Transfer (Direct Deposit via ACH). This authorization is to remain in force until the Company has received written authorization from the undersigned terminating or changing this authorization.

Request Type: ___ New Application ___ Request Change ___ Request Cancellation

PLEASE PRINT CLEARLY (All fields must be completed)

Owner Name: _____

Owner Code: (If unknown, provide last four digits of SSN or Tax ID number) : _____

Address: _____ City _____ State: _____ Zip Code: _____

Telephone: _____ Email address: _____

Financial Institution Name: _____

Address: _____ City _____ State: _____ Zip Code: _____

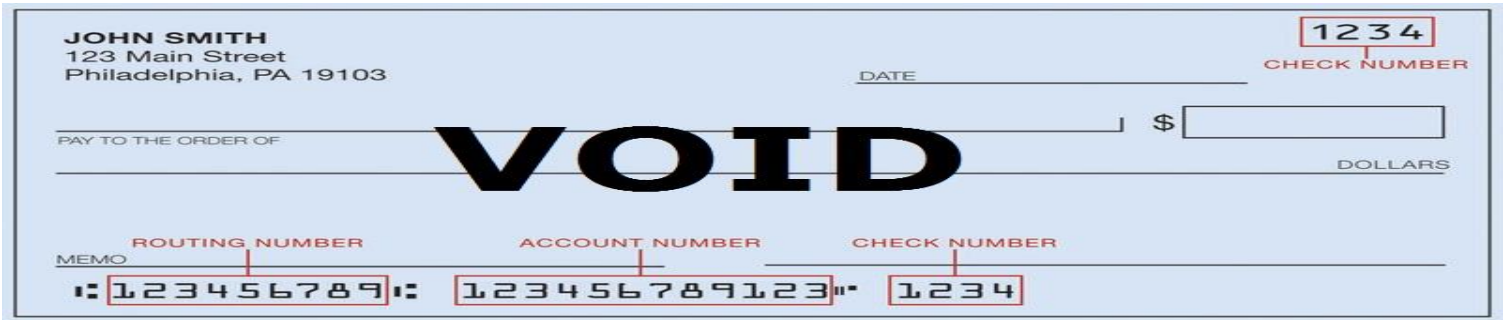
Routing Number: _____ (9 digits) Account Number: _____

Name of Account Holder: (must match Owner Name above): _____

Account Type: ___ Checking ___ Savings

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____



Attach a voided check to the enrollment form. Forms received without a voided check will be considered incomplete. **Deposit slips are not accepted.** If checks are not available or using a savings account, please attach a letter of verification from your bank that includes the full routing and account #.

Please mail completed & signed form to:

Killam Oil Co. LTD.
Attn: Jose Suarez
4320 University Blvd
Laredo, Tx 78041

For questions or more information please contact:

Killam Oil Co., LTD.
Revenue Department
Ph: (956) 724-7141
Email: jsuarez@killamco.com

Check Details will no longer be mailed once enrolled. Details will be emailed to the email provided.

Please allow a minimum of 45-60 days for Killam Oil Co. LTD. to process your enrollment request.