



TRANSFER AUTHORIZATION AGREEMENT
(For pre-authorized payments via bank draft)

CUSTOMER NAME TEXAS LIQUIDS ACCOUNT NUMBER

CUSTOMER STREET ADDRESS CITY STATE ZIP

CUSTOMER FAX NUMBER (VERY IMPORTANT) CUSTOMER PHONE NUMBER

NAME AS IT APPEARS ON BANK ACCOUNT ("Customer") does hereby authorize Texas Liquids to initiate debit entries to Customer's checking account indicated below and does further authorize the depository institution named below to debit such entries to the Customer's account:

BANK NAME BANK BRANCH

STREET ADDRESS CITY STATE ZIP

BANK ACCOUNT NUMBER BANK ABA NUMBER

This authority shall remain in effect until 1) fifteen (15) days after receipt of written cancellation by Customer, and 2) all purchases prior to the receipt of cancellation have been paid. Texas Liquids reserves the right to cancel agreement upon fifteen (15) days written notice to Customer. Notice of termination shall in no way affect debit entries initiated prior to actual receipt of notice.

AUTHORIZED this ___ day of ___, 20__.

CUSTOMER NAME SIGNATURE OF AUTHORIZED SIGNER ON BANK ACCOUNT

TITLE

PLEASE FORWARD A VOIDED CHECK WITH FORM UPON COMPLETION.

After we have received your completed form and voided check, there is a required testing period of 2-4 weeks. Texas Liquids will inform you before actual drafting begins