

AUTHORIZATION FOR DIRECT DEPOSIT

I (we) hereby authorize Will Energy Corporation (“WEC”) to deposit my (our) revenue payment into the account listed below. WEC is also authorized to reverse any payment determined to have been made in error. This authorization will remain in effect until cancelled by written notice given at least two weeks prior to a check issue date. WEC may also cancel this authorization by giving written notice at least thirty days prior to a check issue date. The below account information may be amended at any time by completing a new Authorization for Direct Deposit form and forwarding to WEC at least two weeks prior to a check issue date. By my (our) signature below, I (we) agree to the terms stipulated above and certify to WEC the below listed account information is accurate.

Owner Name: _____

WEC ID No.: (ex. LED0001): _____ New setup _____ Change existing setup _____

Tax ID or Social Security Number (required for verification): _____

Current mailing address for revenue checks:

Address 1: _____

Address 2: _____

City, State, Zip: _____

Home Phone Number: _____ Other phone: _____ (work/cell)

Email address (required): _____

Payment detail will be emailed or available on EnergyLink

Account type (check one): Checking _____ Savings _____

Banking Information for Deposits:

Bank Name: _____ City, State _____

ABA Routing Number (Nine digit number on bottom of your check): _____

Account Number: _____

Please attach a voided check from the above account to this form. Do not send a deposit slip as they do not always list the correct routing number.

Signature(s): _____

Print Name: _____

Title: _____

Date: _____