

REQUEST FOR ELECTRONIC PAYMENT

Name (Company or Individual): _____

Federal Tax ID# or SS#: _____

The undersigned hereby authorizes **Evergreen Contract Resources** hereinafter called COMPANY, to initialize credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

_____ CHECKING	_____ SAVINGS
Depository Name:	_____
City: State: Zip:	_____
ABA/Transit Number:	_____
Account Number:	_____
Account Name:	_____

This authority is to remain in full force and effect until COMPANY has received written notification from the undersigned of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature of Company Representative/Individual

Date

Printed Name of Company Representative/Individual

Title of Authorized Representative

Please forward this request to:

Evergreen Contract Resources
Attn: Accounts Payable
100 Waugh Dr. Suite #300
Houston, TX 77007

-OR-

email: sarah@evgcr.com

