

AUTOMATIC DEBIT AUTHORIZATION AGREEMENT
For Pre-arranged payments (ACH Debits)

Client Name: _____

I hereby authorize **Atlas Resources, Inc.** to initiate automatic ACH debits from my business checking account indicated below. I also request the financial institution named below, to debit my account.

This authorization is for all future pay dates once the initial setup is complete. I also understand that Atlas Resources, Inc. is providing the service as a benefit, and will not be required to offer the service if it is necessary to cancel the program for whatever reason.

I understand that I will receive billing information from Atlas Resources, Inc. explaining the net payment amount. I understand I will have 24 hours after the ACH settlement date to refuse the ACH debit to my account.

Financial Information:

Bank Name: _____

Branch: _____

City/ST/Zip: _____

Transit Routing Number: _____

Business Checking Account Number: _____

I have provided a canceled check or photocopy of a check (NOT a deposit slip) for verification of the account information. I understand that if I change my account status, it may cause my automatic withdrawal to be delayed or returned as unprocessed by my financial institution. I agree that it is my responsibility to notify Atlas Resources, Inc. that I have made a change and I agree to make other arrangements of funds until the changes can be made effective.

This agreement is to remain in effect until Atlas Resources, Inc. has received written notification from me of its termination in such time and in such manner as to afford reasonable time to act on it.

Signature: _____ Date: _____