AUTO DEBIT AUTHORIZATION

As used in this authorization, "I/we" means the owner(s) of the checking account to be debited, as identified below. "You" means J.V. Gander Distributors, Inc.

I/We authorize and direct you to make the following transfer of funds:

AMOUNT TO BE TRANSFERRED $ AMOUNT DUE

FREQUENCY [X] BY DUE DATE

EFFECTIVE DATE: _____

FROM: TYPE [ ] CHECKING

BANK ROUTING #: _____

ACCOUNT #: _____

ACCOUNT TITLE: _____

FOR J.V. GANDER DISTRIBUTORS ACCOUNT NO. _____

TO: TYPE [X] CHECKING

ACCOUNT # : 1503919101

ACCOUNT TITLE: JV GANDER DISTRIBUTORS

These accounts remain subject to their individual terms and conditions, which are not modified by this authorization.

This authorization will remain in effect until terminated by either party. Either party may terminate this authorization by giving the other party 15 days written notice at the address stated below.

_____
Signature

_____
Name

_____
Accepted by
for

J.V. Gander Distributors
P.O. Box 86
Apalachicola, FL.
Phone: 850-653-8889

_____

_____
Account name and service address

_____

_____
Account billing address, if different