

POWDER RIVER ENERGY CORPORATION
AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT

Please enroll me in the Automatic Payment Plan. I have completed and signed this enrollment form.

Name (as it appears on your bill) _____

Address _____ City _____ State _____ Zip _____

Daytime phone number _____ Powder River Energy Corp. Account # _____

Name of bank, savings and loan or credit union you wish to pay your monthly electric bill. (Include branch, if applicable.) _____ City & State _____

Bank Routing Number _____ Bank Account Number _____

Payment is deducted from your bank account on the due date of the billing. Please indicate the date (on or after) you wish this to start: _____.

ATTACH A VOIDED CHECK OR SAVINGS SLIP

PLEASE READ AND COMPLETE:

I hereby request and authorize (Financial Institution) _____

to pay my monthly Powder River Energy Corp., bill. I agree that each payment from my account shall be the same as if it were a check or withdrawal personally signed and authorized by me. In the event that I believe an error has been made in my monthly bill, I agree to notify Powder River Energy Corp., of the problem within ten days of the statement date before instructing the financial institution to withhold payment. I understand that this agreement may be terminated by either Powder River Energy Corporation, or myself by giving written notice of termination to the other party.

I have read and agree to the terms of the Automatic Payment Plan.

Signature _____ **Date** _____