



OPTIONAL  
MONTHLY AUTOMATIC INVESTMENT  
ENROLLMENT FORM

Zion Oil & Gas, Inc.  
12655 N. Central Expy, Suite 1000  
Dallas, TX 75243  
(888) 891-ZION  
Fax: (214) 221-6510

OPTIONAL AUTOMATIC DEDUCTIONS

I would like to enroll in monthly automatic investments, in addition to the one-time DSPP \$250 minimum.

\$ \_\_\_\_\_ Starting on the 20th of next month, we will deduct this amount from the account below.  
(\$50 minimum, \$10,000 maximum. Monthly deductions are for purchase of Common Stock **only**.)

Type of Account:  CHECKING  SAVINGS

NAME ON BANK ACCOUNT:	YOUR ACCOUNT ADDRESS (FULL): ..... ..... .....
FINANCIAL INSTITUTION:	
BANK BRANCH (if applicable):	
ABA NUMBER:	BANK ACCOUNT NUMBER:

**Name on Bank Account** points to: JOHN A. DOE \_\_\_\_\_ 20 \_\_\_\_\_  
MARY B. DOE  
123 YOUR STREET  
ANYWHERE, U.S.A. 12345

**Financial Institution and Branch information** points to: First National Bank of Anywhere  
123 Main Street  
Anywhere, U.S.A. 12345

FOR \_\_\_\_\_ **SAMPLE (NON-NEGOTIABLE)**

ABA Number: 0710000133 Bank Account Number: 123456789

63-858 670

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_ DOLLARS

SIGNATURE OF ALL HOLDERS REQUIRED to begin automatic monthly deductions.

I/WE HEREBY AUTHORIZE AMERICAN STOCK TRANSFER AND TRUST COMPANY, LLC., TO MAKE MONTHLY AUTOMATIC TRANSFERS OF FUNDS FROM MY/OUR CHECKING OR SAVINGS ACCOUNT IN THE AMOUNT STATED ABOVE AND TO INITIATE SUCH DEBIT ENTRIES AND TO INITIATE, IF NECESSARY, CREDIT ENTRIES AND ADJUSTMENTS FOR ANY DEBIT ENTRIES IN ERROR TO MY/OUR ACCOUNT INDICATED ABOVE AND THE INSTITUTION NAMED ABOVE, HEREINAFTER CALLED DEPOSITORY, TO DEBIT AND/OR CREDIT THE SAME TO SUCH ACCOUNT.

THE BELOW AUTHORIZATION(S) WILL REMAIN IN FULL FORCE AND EFFECT UNTIL ZION OIL & GAS, HEREINAFTER CALLED THE COMPANY, HAS RECEIVED WRITTEN NOTIFICATION FROM THE UNDERSIGNED OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE COMPANY AND DEPOSITORY REASONABLE OPPORTUNITY TO ACT ON IT.

THE USA PATRIOT ACT REQUIRES FINANCIAL INSTITUTIONS TO VERIFY THE SHAREHOLDER'S IDENTITY PRIOR TO ESTABLISHING A FORMAL RELATIONSHIP. AS A RESULT, WE MAY ASK YOU TO PROVIDE PROPER IDENTIFICATION AND WE WILL UTILIZE REASONABLE AND APPROPRIATE MEASURES TO OBTAIN THE NECESSARY VERIFICATION CONTEMPLATED BY THE ACT. THANK YOU FOR YOUR COOPERATION IN HELPING US COMPLY WITH FEDERAL REGULATIONS.

SIGNATURE	SIGNATURE	SIGNATURE	DATE
-----------	-----------	-----------	------