



New

Change

Cancel

ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

• Please note all sections of the form must be filled out legibly and completely

OWNER INFORMATION

OWNER NAME	OWNER #
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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IRS TAXPAYER ID (FEIN, SSN)

TELEPHONE

EMAIL ADDRESS

Bank Account type:	Checking	<input type="checkbox"/>	Savings	<input type="checkbox"/>
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****IMPORTANT: You must complete section A or B for your payments to be electronically deposited**

<p>A) Take this form to your financial institution. You financial institutions direct deposit personnel <u>must</u> provide the information below and match it with the name and FEIN or SSN number above to ensure no delay due to incorrect bank routing information.</p> <table border="1"> <tr> <td>Bank Routing Number (9 Digits)</td> <td>Checking/Savings Account Number</td> </tr> </table>			Bank Routing Number (9 Digits)	Checking/Savings Account Number	<p>Return completed form to:</p> <p>NGL Crude Logistics, LLC Attn: Revenue Distribution dept 3773 Cherry Creek Dr. North, Suite 1000 Denver, CO 80209</p> <p>DO@nglep.com</p> <p>Fax # 800-790-8417</p> <p>For questions contact: Revenue Distribution Dept 720-838-2760</p>
Bank Routing Number (9 Digits)	Checking/Savings Account Number				
<table border="1"> <tr> <td>Bank Representative Name (Print)</td> <td>Bank Representative Signature</td> </tr> </table>		Bank Representative Name (Print)	Bank Representative Signature		
Bank Representative Name (Print)	Bank Representative Signature				
Date	Phone Number	Name of Financial Institution			

<p>B) Attach an original voided check in the space below. Photocopies or deposit slips are not acceptable. The name on the check must match the name provided at the top of this form. Note: We cannot accept your submission of a voided check by email or fax, please mail in the completed form to the address provided.</p> <p style="text-align: center;">Please attach the original voided check within Section B</p>

I authorize NGL Crude Logistics and my financial institution referenced above to electronically deposit my payment to the account specified. This authority will remain effect until I have filed a new authorization. I understand that I can change my account or financial institution arrangement by completing a new Electronic Funds Transfer Authorization Agreement form available from NGL Crude Logistics Revenue Department. **NOTE:** If multiple owners are listed on the account we require both owner signatures.

Print Authorized Name

Authorized Signature

Date

Print Authorized Name

Authorized Signature

Date