FUNDS TRANSFER AUTHORIZATION AGREEMENT

NAME OF COMPANY OR IN	DIVIDUAL ("Customer")		CUSTOMER NUMBER		
STREET ADDRESS	CITY		STATE	ZIP	
account indicated below, fo	r the payment/refund of and Customer and does	CL") to initiate debit and/or cany amounts to which NGLC further authorize the depo	ا becomes entitled	oursuant to any	
BANK ACCOUNT NAME		BANK NAME	BRANCH		
ACCOUNT NUMBER		CITY	STATE	ZIP	
ROUTING AND TRANSIT NUMBER		BANK CONTACT	TELEPHONE	<u> </u>	
EFFECTIVE DATE		EFT DRAFT NOTICES EMAIL			
DTN TID#					
		upon (15) days written not o way affect debit/credit ent			
All credit and other terms a	nd requirements betwee	n Customer and NGL remair	n in effect.		
AUTHORIZED this	day of	, 20	.		
SIGNATURE	DATE	SIGNATURE		DATE	
TITLE		 TITLE			

REQUIRED: PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP

ATTENTION: CREDIT DEPARTMENT
NGL CRUDE LOGISTICS, LLC
6120 S. YALE AVE, SUITE 805, TULSA, OK, 74136
TOLL FREE (800) 925-3387
Credit@NGLEP.com