



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

New

Change

Cancel

ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

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
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EMAIL ADDRESS

Bank Account type (check one box): Checking Savings

****IMPORTANT: You must complete the following for your payments to be electronically deposited**

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:** Due to COVID-19 we are accepting your submission of this form accompanied by a voided check via email or fax. Mail in is always available to the address below.

Please attach the original voided check here or add as a second page

Return completed form to:

NGL Crude Logistics, LLC
 Attn: Revenue Distribution Dept
 For questions contact: Revenue Distribution Dept ~ via:

Email: DO@nglep.com
 Phone: 720-838-2760
 Fax: 855-829-3720

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