



• 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

EMAIL ADDRESS

Bank Account type (check one box): Checking Savings

****IMPORTANT: You must complete section A or B for your payments to be electronically deposited**

A) 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.**

Please attach the original voided check within Section B

B) Take this form to your financial institution. You financial institutions direct deposit personnel must 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.

Bank Routing Number (9 Digits)	Checking/Savings Account Number
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Bank Representative Name (Print)	Bank Representative Signature
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Date	Phone Number	Name of Financial Institution
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Return completed form to:
 NGL Crude Logistics, LLC
 Attn: Revenue Distribution dept
 6120 S Yale Ave, Suite 805
 Tulsa, OK 74136

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