



AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT (ACH)

(Direct Bank Deposit Application)

Please select one of the following:

First time request for ACH Request Change Cancel ACH payments

Name: _____

Federal Tax ID # /Social Security #: _____ Owner #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Financial Institution Information: I hereby authorize Superior Pipeline Company to initiate deposits to the account described below:

Bank Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Type of Account: Checking OR Savings

Bank Routing/ABA number: (must be 9 digits): _____

Bank Account number: _____

Include VOIDED check

Deposit Notification Information: I hereby authorize the following individual to receive notification via email of payment details of all funds deposited to the above account:

Name (Printed or Typed): _____

Email Address: _____

IMPORTANT: In order to elect ACH payment, an email address MUST be provided. Superior Pipeline Company will not disclose your email address to third parties. The email address provided will be used to send electronic payment detail regarding ACH payment. Payment detail will NOT be sent by mail to those who elect ACH.

Term: This authority is to remain in full force and effect until Superior Pipeline Company has received written notification of its termination in such time and in such manner as to afford Superior Pipeline Company a reasonable opportunity to act on it.

Owner Name (Printed or Typed): _____

Signature: _____

Date: _____

To return form, please fax, mail, or email. For questions, please call 918-477-5608

Email: owner.relations@superiorpipeline.com | Mail: PO BOX 702500 | Fax: 918-382-7222

Tulsa, OK 74170-2500