



2000 S. MAIN
McPherson, KS
67460-9402

DIRECT DEPOSIT ACH ENROLLMENT FORM

_____ New Enrollment

_____ Revision

Owner Name _____

Date _____

Owner Number _____

Mailing Address _____

SSN or Tax ID (last 4 digits) _____

Type of Account:

Checking _____ **Savings** _____

Email Address _____

Go Paperless: I no longer want to receive my detail in the mail and will get it via the internet at www.crudeoilsupply.com

YES

NO

I authorize CHS and my financial institution referenced below to electronically deposit my payment to the account specified. The Automated Clearing House (ACH) will be used to facilitate payment at no cost to you. This authority will remain in effect until I have provided written notification to the contrary, or CHS, for specific reason, deems it no longer feasible. I understand that I can change my account or financial institution arrangement by completing a revised Direct Deposit ACH Enrollment Form available from CHS. I understand that Direct Deposits will be made to my account on or before the 20th day of the month (unless weekend/bank holiday), following the month of production; provided that the amount exceeds the required minimum amount. I agree that CHS may reverse any electronic payment that is determined to be fraudulent, duplicate, or made in error.

Owner Signature

Daytime Phone Number

Owner Signature

BANKING INFORMATION

Bank Routing Number (ABA) (9 digits): _____

Checking or Savings Account Number: _____

Name of Financial Institution: _____

Bank Branch, City, State: _____

Bank Phone Number: _____

ATTACH A COPY OF A VOID CHECK IF AVAILABLE:

*Return by mail to the letterhead address, fax (620-241-5582), or email (mcp.coa@chsinc.com).

*Questions please call Crude Oil Accounting Customer Service at 620-241-9183