



Direct Deposit Authorization Form

I authorize Coffeyville Resources Refining & Marketing, LLC (CRRM) to use the direct deposit payment process for the referenced account until further notice.

By enrolling in this program, CRRM will direct deposit to my bank account on or before the 20th of the month following the month of production, provided that the amount exceeds the required minimum amount. CRRM will provide my remittance information by the 15th of the month by mail or at www.coffeyvillecrude.com.

Coffeyville Resources Owner Number _____

Owner Name _____

Bank Routing Number _____

Bank Account Number:

☐ Checking _____
(Enclose a copy of a voided check for verification – not a deposit slip.)

☐ Savings _____
(Enclose a deposit slip for verification.)

☐ Go paperless: I do not wish to receive a payment detail by mail, but will obtain it online at www.coffeyvillecrude.com any time after the 15th of the month.

Signature _____ Date _____
(Owner, Trustee, Executor or Authorized Person)

Print Name _____

Daytime phone number (_____) _____ - _____

Mail to: Coffeyville Resources Refining & Marketing, LLC.
Attn: Owner Relations Department
10 E. Cambridge Circle Drive, Suite 250
Kansas City, KS 66103

Fax: (913) 982-0505

NOTE: Direct deposit will begin the calendar month following submission to CRRM.