



Electronic Funds Transfer (EFT) Payment Enrollment/Change/Cancel Request

New Application ____ **Update** ____ **REV Statement Change** ____ **Cancel** ____

Party/Company Name: _____

Party Number: _____ SSN/Federal Tax ID: _____

Phone Number: _____ E-mail Address: _____

Address on File: _____

City: _____ State: _____ Zip: _____

Please select how you wish to receive your payment detail.

- Send payment detail via U.S. Mail. No election defaults to this option.
- Electronically to E-mail Address: _____
- Cancel payment detail by E-mail. Send payment detail via U.S. Mail.

The undersigned owner agrees that Coterra may reverse any electronic payment that is determined to be fraudulent, duplicate or made in error. Such owner further agrees that authorization of EFT as evidenced by the signature below amends your existing payment instructions to Coterra. In the event that the EFT is unable to go through (e.g. due to closure or abandonment of an account, inaccurate account information, force majeure, etc.) Coterra will resume making payment to you by check. Please note you will continue to be paid by check while your account information is tested in our system.

Owner agrees to give Coterra forty-five (45) days advance written notice of any change in the payment instructions below.

Handwritten names or account number and typed electronic signatures will not be accepted. Forms received without this information will be considered incomplete and will be returned.

I hereby agree to the terms enumerated herein, certify that the depository information listed below is accurate and authorize Coterra to issue payments to me electronically.

Name (Print): _____ Signature: _____ Date _____

Name (Print): _____ Signature: _____ Date _____

If a joint account, signatures of both parties are required.

Financial Institution/Bank Name: _____

Bank Account Number: _____

ABA/Routing Number: _____

Account Type: Checking Savings

Account Class: Business Individual

JOAN DOE		1234
123 MAIN STREET		
ANYWHERE, USA 54321	SAMPLE CHECK	DATE _____
PAY TO THE		
ORDER OF _____		\$ _____
		_____ DOLLARS
YOUR FINANCIAL INSTITUTION		
FOR _____		
	: 122 000 637 : : 4312650279 :	1234

[ROUTING #] [ACCOUNT #] [CHECK #]

Attach a pre-printed VOIDED CHECK or pre-printed original letter from your bank/financial institution with the account holder's banking information (handwritten names and account information on the check will not be accepted). It should include the name listed as record title owner with a routing and account number. The letter must be signed by a bank officer with his/her title on the bank's letterhead.

Original form must be mailed to the address below. Emails with copies attached will not be accepted.

Coterra Energy Inc
Attn: Division Orders
PO Box 4544
Houston, Texas 77210-4544