



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

New Application **Update** **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 agrees that Coterra may reverse any electronic payment that is determined to be fraudulent, duplicate or made in error. Party further agrees that the authorization of EFT as evidenced by the signature(s) below amends your existing payment instructions to Coterra. In the event that the EFT is unable to be processed (e.g. due to closure or abandonment of an account, inaccurate account information, force majeure, etc.), Coterra will continue making payments to you by check. Application processing times are usually within 45 days of receipt of submitted forms and requested documents.

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.

Electronic Funds Transfer (EFT) Application (continued)

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 #]

Please attach a pre-printed voided check over the sample check above or provide a letter from your financial institution for ACH's. Forms received without this information will be considered incomplete and will be returned.

For security purposes, original form must be mailed to the address below. Emailed forms will not be accepted.

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