



## ELECTRONIC PAYMENT REQUEST

I hereby authorize Sinclair Oil & Gas Company to make electronic fund payments via ACH to my bank account. I understand I will continue to receive a check while my request is being processed.

Owner Name: \_\_\_\_\_

Owner Number: \_\_\_\_\_ SS# or Fed Tax ID: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**(You must provide an email address in order to receive your monthly check detail)**

Your check detail will be sent from [dmccashland@sinclairoil.com](mailto:dmccashland@sinclairoil.com). Please be sure to add this email address to your contact list and/or safe list to ensure proper delivery of your statement.

Please complete the following information and attach a voided check (checking account) or deposit slip (savings account):

Financial Institution Name: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type: ☐ Checking ☐ Savings

Authorized Signature: \_\_\_\_\_

Please mail your completed form along with a voided check to the following address:

Sinclair Oil & Gas Company  
Owner Relations  
PO Box 30825  
Salt Lake City, Utah 84130-0825  
[ownerrelations@sinclairoil.com](mailto:ownerrelations@sinclairoil.com)  
Fax (801) 524-2877