



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. 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
Fax (801) 524-2877