



Direct Deposit Authorization Form

Owner Information

Please select one: New Request
 Change Request

COG Operating Owner Number (located on check detail)

Owner Name

Tax ID or Social Security Number (required for verification, must match the number on file)

Mailing Address (where current check is mailed to)

City State Zip

Phone Number

Fax Number (Optional)

Contact Person

Email Address

Authorization Agreement for Direct Deposit

I (we) hereby authorize COG Operating LLC to deposit my payments and, if necessary, reverse any electronic payment that is determined to be fraudulent, a duplicate or made in error from the specified account. The authority remains in effect until COG Operating LLC has received written notification from me of termination in time to allow reasonable opportunity to act on it, or until COG Operating LLC has sent me written notice of termination of the agreement.

Owner Signature (2 signatures required for joint accounts)

Date

Banking Information

Name on Bank Account

Bank Name

City

Account Type (Select one):
 Checking Savings

****Enclose a voided check****
If a voided check is not available, please include a letter from your bank verifying your banking information. The letter needs to be on bank letterhead and signed by an officer at the bank.

ABA Routing Number (Nine digit number listed on the bottom left side of your check)

Account Number

Check Detail

Once electronic payments begin, a physical copy of your check detail will no longer be mailed via the U.S. Mail. It will be available at www.concho.com under our "Owner/Vendor Relations" section. For assistance with logging on, contact OILDEX Support at 1-855-301-5241.

Please mail your application and voided check to:
COG Operating LLC
Attn: Owner Relations
One Concho Center
600 W. Illinois Avenue
Midland, TX 79701