

ACH Authorization Form

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|---------------------------|------------|------------|
| Please Select One: | | |
| NEW ACH | CHANGE ACH | CANCEL ACH |

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| Payee Information: |
| Name: |
| Address: |
| Contact Person's Name (if other than payee): |
| Telephone Number: |
| Email Address: |

You must provide a voided check or a letter from your financial institution for verification of your account.

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|---|----------|---------|
| Financial Institution Information: | | |
| Bank Name: | | |
| Bank Address: | | |
| Name on Bank Account: | | |
| Bank Account Number: | | |
| Nine-Digit Bank Routing/Transit Number (ABA): | | |
| Remittance Email Address: | | |
| Type of Account: | Checking | Savings |

| | |
|----------------------------------|--------------|
| Approvals/Authorizations: | |
| Print Name: _____ | Title: _____ |
| Signature: _____ | Date: _____ |

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|---|
| Important Information: |
| <i>This form is solely used for collecting data necessary to pay you electronically. This information will be used by Ineos USA LLC to transmit payment via the Automatic Clearing House (ACH). If for any reason a duplicate payment is received from Ineos to you, Ineos will submit an ach reversal and/or stop payment to retrieve such funds. Please ensure the banking information you provide is accurate and can be used for ACH transactions. The inaccuracy of your financial institution information will prevent delays in your payments for goods and services. To stop all future ach activity between you and Ineos USA LLC please send us a request in writing to cancel such activity. Ineos USA LLC will follow the NACHA guidelines to maintain the quality of ACH Services.</i> |
| Please return completed form via email: EnergyUS.OwnerRelations@ineos.com |