



Electronic Funds Transfer (EFT) Payment Enrollment/Change Request

New Application **Updated Enrollment** **Cancel**

Owner/Company Name: _____

Legacy Company: Cabot Cimarex

Owner Number: _____ SSN/Federal Tax ID: _____

Phone Number: _____ E-mail Address: _____

Address on File: _____

City: _____ State: _____ Zip: _____

Legacy Cabot owners may receive payment detail via e-mail in lieu of US Mail, please provide an email address.

YES Email: _____

NO Continue to send payment detail via US Mail.

Legacy Cimarex owners can view payment detail online at www.coterra.com. Click on the Owner tab and then Access Your Accounts. You will be prompted to contact PDS Energy for a login name and password.

The undersigned owner agrees that Coterra may reverse any electronic payment that is determined to be fraudulent, duplicate or made in error. Such owner further agrees that authorization of EFT as evidenced by the signature below amends your existing payment instructions to Coterra. In the event that the EFT is unable to go through (e.g. due to closure or abandonment of an account, inaccurate account information, force majeure, etc.) Coterra will resume making payment to you by check. Please note you will continue to be paid by check while your account information is tested in our system.

Owner agrees to give Coterra fifty (50) days advance written notice of any change in the payment instructions below. 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.

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 #]

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

Return your completed form by mail to:

Legacy Cabot
Coterra Energy
Attn: Division Orders – EFT
P.O. Box 4544
Houston, Texas 77210-4544

Legacy Cimarex
Coterra Energy
Attn: Treasury Dept.
1700 Lincoln Street, Suite 3700
Denver, Colorado 80203

Or, legacy Cimarex owners can e-mail requests to:
Treasury.Cimarex@coterra.com.