

Form Date: 8/2024

Incomplete or incorrect information will result in delay or failure to process this request.



CountryMark®

Countrymark Refining and Logistics, LLC  
401 Southwind Plaza  
Mt. Vernon, IN 47620  
[owner.relations@countrymark.com](mailto:owner.relations@countrymark.com)

**AUTHORIZATION AGREEMENT FOR ELECTRONIC DEPOSITS**

\_\_\_\_\_  
**7-digit CountryMark Owner Number**

**Type of Request:**

New Enrollment

Change

\_\_\_\_\_  
**Owner Name(s) or Company/Business Name/Trust/Estate**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City** **State** **ZIP Code**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Email Address** **Check Stubs will be sent via email and not mailed via USPS.**

\_\_\_\_\_  
**Bank Name**

**Type of Account:**

Checking

Savings

\_\_\_\_\_  
**Bank Address** **City** **State** **ZIP Code**

\_\_\_\_\_  
**Bank Routing Number**

The routing number is exactly 9 digits and is the first number from the left at the bottom of a check. It always begins with 0, 1, 2, or 3.

\_\_\_\_\_  
**Bank Account Number**

I hereby authorize Countrymark Refining and Logistics, LLC to initiate electronic deposit entries to my account at the financial institution stated above. Such deposit entries shall pertain to payments by Countrymark Refining and Logistics, LLC, to the undersigned in conjunction with purchases of crude oil. Owner agrees to indemnify, release, defend, and hold harmless Countrymark Refining and Logistics, LLC from and against all liabilities, claims, losses, costs, expenses, and damages of any kind including direct, indirect, consequential and punitive asserted against Countrymark Refining and Logistics, LLC directly or indirectly from or arising out of the changes authorized by this form. This account is to remain in effect until I notify Countrymark Refining and Logistics, LLC in writing that I no longer desire this service, allowing it 30 days to act on my notification.

\_\_\_\_\_  
**Owner Signature or Authorized Representative** **Date**

\_\_\_\_\_  
**Last 4 Digits of SSN or Tax Identification Number**

\_\_\_\_\_  
**Printed Name of Owner Signature or Authorized Representative**

\_\_\_\_\_  
**Title of position (if Company/Business Name/Trust)**

Email this form to: [owner.relations@countrymark.com](mailto:owner.relations@countrymark.com) or mail to: Division Order Dept. 401 Southwind Plaza, Mt. Vernon, IN 47620

For additional information, visit us online at [www.countrymark.com](http://www.countrymark.com) under the "Crude Tab".