



## ELECTRONIC PAYMENT REQUEST

I hereby authorize SOGC, Inc. to make electronic fund payments via ACH to my bank account.

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 payment detail)

Your payment detail will be sent from [Revenue@sinclairoil.com](mailto:Revenue@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:

SOGC, Inc.  
Owner Relations  
PO Box 31822  
Salt Lake City, Utah  
84131-0822  
[ownerrelations@sinclairoil.com](mailto:ownerrelations@sinclairoil.com)  
Fax (801) 524-2877