



Please check one:

New Application

Change

Cancel

Direct Deposit Authorization Form

DIRECT DEPOSIT

QEP Energy Company (QEP) offers interest owners the opportunity to receive payments electronically. This payment option is free, secure and will save you time. The Automated Clearinghouse Network (ACH) will be used to facilitate these payments. If you want to receive your revenue payment as a direct deposit into your account, please complete and sign this form. Do not forget to attach a voided check for verification purposes. Please allow four to six weeks to process. If you are currently receiving your QEP revenue payment by direct deposit, you do **not** need to complete this form.

QUESTIONS?
QEP Owner Relations
303-260-1150
OwnerRelations@qepres.com

Please complete the following information:

OWNER INFORMATION

Last four digits of Social Security number: _____

#

Payee/Owner # (Right Corner of Check Detail or on Division Order)

Individual or Company Name

For Companies, Please List a Contact Name & Taxpayer ID Number

Contact Phone Number

Mailing Address

City, State & Zip Code

BANKING INFORMATION ****Enclose a voided check.**

Name on Bank Account

Name of Banking Institution

City, State & Zip Code

Please Check the Account Type:

Checking/Other (i.e. Money Market) Savings

ABA Routing Transit Number (9-Digit Number)

Bank Account Number

ELECTRONIC CHECK DETAIL

If you elect to receive your payments electronically, the check detail supporting your payment will be provided in an electronic format, sent as an attachment to your email. You will receive your electronic check detail on or before the 25th of each month. Please note, if you elect to receive electronic check detail, you will no longer receive paper check detail unless you check the box to the right. I still want to receive paper detail.

Contact Name _____ Email Address for Electronic Check Detail _____

SIGNATURE

I hereby authorize QEP Energy Company and the financial institution referenced on this form to electronically deposit my payment to the account specified. This authority will remain in effect until I deliver a new authorization or rescind my authorization to QEP Energy Company.

Signature _____ Date _____

Once complete, send this form to: QEP Energy Company \ Attn: Accounts Payable
1050 17th Street, Suite 800 \ Denver, Colorado 80265

Or email to APhelp@qepres.com

