



Direct Deposit Authorization Form

I, _____ (please print your name clearly),
authorize Coffeyville Resources Refining & Marketing, LLC (CRRM) to use the
direct deposit payment process for the referenced account until further notice.

By enrolling in this program, CRRM will mail my remittance information prior to the
18th and the funds will be deposited into my bank account on the 20th of the month.
However, if the 20th falls on a weekend or bank holiday, the deposit will be made
on the preceding business day.

Coffeyville Resources Owner Number _____

Bank Routing Number _____

Bank Account Number: Checking _____

or Savings _____

Signature _____ Date _____
(Owner, Trustee, Executor or Authorized Person)

Print Name _____

Day time phone number (_____) _____ - _____

PLEASE INCLUDE A VOIDED CHECK OR DEPOSIT SLIP WITH YOUR SUBMISSION.

Mail to: Coffeyville Resources, LLC.
Attn: Owner Relations Department
10 E. Cambridge Circle Drive, Suite 250
Kansas City, KS 66103

Fax: (913) 982-0505

NOTE: Direct deposit will begin the calendar month following submission to CRRM.