



FAX COMPLETED AGREEMENT TO CREDIT DEPARTMENT AT 317.328.2357 OR EMAIL TO CREDIT.DEPT@CLMT.COM

ACH - Auto Debit Authorization Agreement

Company Name:			
Street Address:			
City, State, Zip:			
ACH notice preference (choose one only & provide applicable data)	Email Address	Fax #	DTN #

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL VIA ACH - AUTO DEBITS

I (we) hereby authorize Calumet Specialty Products Partners, L.P. and its Affiliates, 2780 Waterfront Parkway East Drive, Suite 200, Indianapolis, Indiana 46214 to initiate as necessary, ACH debit entries to my (our) account as stated below and the Depository Bank named below to debit my (our) account.

DEPOSITORY BANK NAME:		
DEPOSITORY BANK ADDRESS:		
DEPOSITORY BANK PHONE:		
DEPOSITORY TRANSIT/ABA NO.:		
CUSTOMER ACCOUNT NAME		
CUSTOMER BANK ACCOUNT NO.:		
TYPE OF ACCOUNT <i>(CHECK ONE)</i>	CHECKING	SAVINGS

This authorization allows Calumet Specialty Products Partners, L.P. and its Affiliates, to debit the aforementioned designated bank account for payment of all invoices when said invoices are due and payable. This authority will remain in full force and effect until Calumet has received written notification from an authorized party 10 business days prior to effective termination date.

Printed Authorized Name _____

Authorities Title _____

Authorizing Signature _____

Date: _____