



# ACH - AUTO DEBIT AUTHORIZATION AGREEMENT

FAX COMPLETED AGREEMENT TO CREDIT DEPARTMENT AT **317-328-2357** OR EMAIL TO [CREDIT@CLMT.COM](mailto:CREDIT@CLMT.COM)

## CUSTOMER INFORMATION

COMPANY NAME:			
STREET ADDRESS			
CITY, STATE, ZIP:			
ACH NOTICE PREFERENCE: <i>(choose only one &amp; provide applicable data)</i>	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, 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 #:			
CUSTOMER ACCOUNT NAME:			
CUSTOMER BANK ACCOUNT #:			
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:	
AUTHORITIES SIGNATURE:	
DATE:	