

Electronic Funds Transfer (EFT) Payment Enrollment/Change Request

NEW APPLICATION CHANGE CANCEL

Owner/Company Name: _____
 Owner #: _____ SSN/Federal Tax ID: _____
 Company Title: _____ Phone#: _____
 Address: _____

Check box if you wish to change the address currently on file with the address listed above.

To receive payment detail via email in lieu of US Mail, please provide an email address.

YES Email: _____
 NO Continue to send payment detail via US Mail

The undersigned owner agrees that Cabot Oil & Gas may reverse any electronic payment that is determined to be fraudulent, duplicate or made in error. Such owner further agrees that authorization of EFT as evidenced by the signature below amends your existing payment instructions to Cabot. In the event that the EFT is unable to go through (e.g. due to closure or abandonment of an account, inaccurate account information, force majeure, etc.) Cabot Oil & Gas will resume making payment to you by check. Please note you will continue to be paid by check while your account information is tested in our system.

Owner agrees to give Cabot Oil & Gas thirty (30) days advance written notice of any change in the payment instructions below. I hereby agree to the terms enumerated herein, certify that the depository information listed below is accurate and authorize Cabot Oil & Gas to issue payments to me electronically.

Signature: _____ Signature: _____
 Print Name: _____ Print Name: _____
 Date: _____

If a joint account, signatures of both parties are required.

Financial Institution Name: _____

Bank Account #: _____ ABA/Routing# _____

Account Type: Checking Savings
 AND
 Account Class: Business Individual

ACH SETUP REQUIRES A LETTER FROM YOUR FINANCIAL INSTITUTION WITH YOUR NAME, ACCOUNT# AND ROUTING#.

JOAN DOE	1234
123 MAIN STREET	
ANYWHERE, USA 54321	SAMPLE CHECK
	DATE _____
PAY TO THE	
ORDER OF _____	\$ _____
	_____ DOLLARS
YOUR FINANCIAL INSTITUTION	
FOR _____	
: 122 000 637 :: 431265 : 79	1234
[ROUTING NBR]	[ACCOUNT NBR] [CHECK NBR]

ATTACH A PRE-PRINTED VOID CHECK OVER THE SAMPLE CHECK, OR A LETTER FROM YOUR FINANCIAL INSTITUTION FOR ACH'S. FORMS RECEIVED WITHOUT THIS INFORMATION WILL BE CONSIDERED INCOMPLETE.

**RETURN YOUR COMPLETED FORM BY MAIL TO: CABOT OIL & GAS CORPORATION
 PO BOX 4544
 HOUSTON, TX 77210-4544
 ATTN: DIVISION ORDERS - ACH**

For additional information, please contact Royalty Relations at 1-800-434-3985 or royaltyinfo@cabotog.com.
 This form is also available online at <http://www.cabotog.com>, click on Owner Info.