

Altamont Energy Operating LLC
 8490 E Crescent Parkway, Ste 100
 Greenwood Village, CO 80111

Owner ACH / Wire Transfer Agreement Form

Instructions

Please complete the Owner Information and Account Information sections. Please complete the Authorized Signature section and have it executed by the appropriate personnel and return to Altamont.

Authorization Agreement

I hereby request and authorize Altamont to send payments to the account provided below. In situations where a payment has been made in error, Altamont is authorized to correct that error. This agreement will remain in effect until Altamont receives a written notice of change or cancellation from the vendor or my financial institution, or until I submit a new ACH/Wire Transfer form to Altamont.

Owner Information

	New	Change	Cancellation
Type of Authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name	Last 4 of SSN #		
Street Address			
City	State	Zip Code	
Phone Number			
Email Address for notification of payment*			

*An email address is required in order to receive notification of payment to your account

Account Information

Name of Financial Institution			
ACH / Routing Number			(9 digits)
Account Number	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	
Branch Name			
Branch Address			
Branch City	Branch State	Branch Zip Code	
Authorized Signature (Primary)			
Authorized Signature Name (Please print)	Date		
Authorized Signature (Joint)			
Authorized Signature Name (Please print)	Date		