

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Name _____ **AB:**

I (we) hereby authorize Equitrans Midstream Corporation hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our):

Checking Account/ Savings Account (**select one**)

Indicated below at the depository financial institution name below, hereafter called DEPOSITORY, and to credit and/or debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Depository Name _____

City _____ State _____ Zip _____

Routing Number _____ A/C Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name _____ Tax ID # _____

Date _____ Signature _____

STAPLE CHECK HERE	John Doe 123 Main Street Anytown, USA	_____ 20 _____	2833
	Pay to the order of _____	\$ _____	
	_____	Dollars	
	<i>T</i> rust Company Bank Atlanta, Georgia		
	MEMO _____		
	: xxxxxxxx : xxxxxxx • xxxx		
	Routing – Transit No.	Personal Account No.	Check No.