



CHANGE OF ADDRESS FORM

I, _____ authorize the company and/or its affiliates/subsidiaries to change the address of my owner account.

Owner/BA Number: _____ or Lease Number: _____

Last 4 Digits of Social Security # / Taxpayer ID: _____

Name on the Account: _____

Old Address	New Address
Address	Address
City/Locality/Village	City/Locality/Village
State/Province/Region	State/Province/Region
Zip	Zip
Country	Country
	Phone
	Email

All fields must be complete, if you are currently receiving paper checks, we will need an additional form of Identification in order to update your address.

*Acceptable forms of additional verification

- Valid Driver License
- Utility Bill
- Government Issued Correspondence
- Pay Stub
- Lease Agreement or Mortgage Statement
- Property Tax Receipt
- Insurance Card
- Voter Registration Card
- Bank Statement or Credit Card Statement

Please return this completed form to:

ATTN: CEO ACCOUNTS PAYABLE DEPT

6333 N STATE HIGHWAY 161 STE 500 IRVING TX 75038-2282

or by email to Ops-ap@crescentenergyco.com

For questions, please call 1-424-677-1110.

TERMS OF ACCEPTANCE & SIGNATURE

I, the requestor for this Change of Address Form, warrant the truthfulness of the information provided in this submission.

Print Name _____ Signature _____

Date _____