

## **Direct Deposit Form**

Eagleridge Owner Account #

New Request

Change to Existing Set-up

Eagleridge Energy, LLC (Eagleridge) offers its revenue interest owners the opportunity to receive their payments electronically. The Automated Clearinghouse Network (ACH) will be used to facilitate these payments at no cost to the revenue interest owner. ACH payments are widely viewed as more secure and typically provide payees with quicker access to their funds. Should you desire to take advantage of this service please provide the information requested below and attach a voided bank account check or an original document from your financial institution with letterhead stating "Your name, Type of account, Account number and Routing number" for verification purposes. Please allow four to six weeks for this process.

| Name on Eagleric  | lge Account: |         |                           |
|-------------------|--------------|---------|---------------------------|
| Address:          |              |         |                           |
| City, state, ZIP: |              |         |                           |
| Tax ID# or SS# on | Account:     |         |                           |
| Name of Bank:     |              |         | Bank Account #:           |
| Account Type:     | Checking     | Savings | ABA/Routing # (9 digits): |

The undersigned hereby agrees that Eagleridge may reverse any electronic payment that is determined to be duplicate or made in error. Such owner further agrees that authorization of EFT (electronic funds transfer) as evidenced by the signature below amends your existing payment instructions to us. In the event that EFT is unable to go through (e.g., due to closure or abandonment of an account or inaccurate account information), Eagleridge will resume making payment to you via check. I hereby agree to the terms enumerated herein, certify that the depository information listed above is accurate and authorize Eagleridge to issue payments to me electronically via ACH. If you have a joint account within Eagleridge, signatures of both parties are required.

| Signature: | Date:    |
|------------|----------|
| Signature: | Phone #: |
| Email:     |          |

You can submit your completed form along with a voided check or original document from your financial institution with letterhead stating "Your name, Type of Account, Account number and Routing number" by mail, email or fax.

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