

ACH Direct Deposit Authorization Enrollment

PLEASE COMPLETE ALL FIELDS Request Type: (check one): ☐ Cancel ☐ New Application ☐ Change **Enrollment Options:** 1) **ONLINE**: <u>www.aethonenergy.com</u>, *Owner Relations tab to submit your request* (**preferred**) 2) EMAIL: Submit completed form below to ownerrelations@aethonenergy.com **3) MAIL**: *Please allow 90 days for this request to be completed* **Aethon Energy Operating** Attn: Owner Relations 12377 Merit Drive, Suite 1200 Dallas, TX 75251 The undersigned hereby elects to participate in ACH direct deposit for all future revenue distributions. Aethon's Owner number (6 Digits): Address: Printed Name(s) as shown on your Aethon Energy account: By signing below, I authorize Aethon Energy and my bank to electronically deposit my payment to the bank account specified below. I understand that this authorization will remain in effect until I notify Aethon Energy by completing a new Direct Deposit Enrollment Form canceling or changing my information. Forms may be obtained by contacting Aethon Energy at the address below. Please sign and return the form. If you have a joint Aethon Energy account, both interest owners must sign. Signature: Joint Signature: Date: Contact Phone Number: [1 E-mail address: Please attach an image of a voided check or bank letter (REQUIRED) Account for deposit (check one): ☐ Checking □ Savings Names(s) on Account: Name of Financial Institution: Nine (9) digit Bank Routing Number (ABA Number) **Account Number:**

For questions or concerns please contact ownerrelations@aethonenergy.com at 214-750-1522 (option #3)