

Authorization for Direct Deposit via ACH

I represent that I own oil, gas, and/or mineral interests, the proceeds of which are currently being distributed by Grayson Mill Energy ("GME"). I authorize GME and the financial institution listed to electronically deposit my future payments to the account specified. By electing to participate in the program, I authorize GME to provide any necessary information to EnergyLink.com. Additionally, I am aware the elimination of paper and receipt of data online does not violate any state statutes. This ACH will remain in effect until I have filed a new ACH. I understand that I can change my account or financial institution arrangement simply by filing a new ACH. I also understand it is my responsibility to notify GME if any of the information contained on this form changes, by completing a new ACH. I agree that if I fail to give notice of any changes, GME will not be liable for any interest or any other resulting claim. I hereby release and hold GME harmless for any loss, claim damage or interest incurred as a result of any financial institution's failure to properly post any funds. The ACH must be complete, or it will not be accepted.

Owner Information:

Owner Number: _____

Owner Name/s on GME Account: _____

TIN or SSN: (required for verification, must match the number on file) _____

Address: (Address, City, State, Zip) _____

Phone Number: _____ **E-mail Address:** _____

Bank Account Information:

I agree to have GME electronically credit my account as follows:

Select One: ☐ Checking Account ☐ Savings Account

At the depository financial institution named below ("Depository"). I agree that ACH transactions I authorize comply with all applicable law.

Depository/Bank Name _____

Depository/Bank Phone Number _____

Depository/Bank Address _____

Routing Number _____ **Account Number** _____

PLEASE RETURN THIS FORM WITH A VOIDED CHECK OR BANK DOCUMENT WITH YOUR NAME, ACCOUNT NUMBER AND BANK INFORMATION PRINTED ON THE CHECK OR DOCUMENT. REQUESTS RECEIVED WITHOUT PROPER SUPPORT WILL BE RETURNED

I understand that this authorization will remain in full force and effect until I notify GME in writing that I wish to revoke or modify this authorization. Please allow **4-6 weeks** for Electronic Funds Transfer to begin.

Owner Name/s: _____ (Please Print)

Date: _____ **Signature/s:** _____