DIRECT DEPOSIT AUTHORIZATION FORM

Owner Information

Name: _____

Owner Number: _____

Last 4 of Social or Tax ID: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

Bank Information

Bank Name: _____

Bank Address: _____

City, State, ZIP: _____

Phone Number: _____

Account Type:

☐ Checking ☐ Savings

Routing Number: _____

Account Number: _____

Authorization

I hereby authorize Palmetto Production Partners, LLC to initiate direct deposits to the account listed above. I also authorize the financial institution named to credit these deposits to my account.

This authorization will remain in effect until I provide written notice of cancellation.

Signature: _____

Date: _____