



TO ALL WI/ROYALTY OWNERS:

Sydri Operating LLC is pleased to announce our complimentary Direct Deposit through ACH for Revenue. Please fill out the information below as well as the Authorization Agreement and return to this office for processing. Once we have received these documents and processed your information, you will no longer be receiving a Check or Revenue Summary Statement through the mail. Revenue will be deposited directly in your account and Revenue Summary Statements will be emailed.

If you elect to participate in Direct Deposit, please check the proper box below. If you desire to receive Revenue Summary Statements by email, we need a valid email address on file or you can receive your Revenue Summary Statements by US Mail whichever you desire.

If you elect **NOT** to participate in Direct Deposit, please check the proper box below and return this form to our office at the address below and you will continue to receive a check in the mail.

Wish to Participate in ACH Direct Deposit

Do **NOT** Wish to Participate in ACH Direct Deposit

I desire to have my joint interest billing and/or check detail via email:

YES _____ NO _____

NAME: _____

EMAIL ADDRESS: _____

OWNER CODE: _____

You may return these forms by mail to the address below, by fax to 214.373.8630 or by email to ownerrelations-trivium@sydrienergy.com



Automated Clearing House Services Authorization Agreement

I (we) hereby authorize Sydri Operating LLC, hereinafter called "COMPANY" to initiate ACH entries to my (our) ___ Checking ___ Savings account (select one) indicated below and the financial institution named below, hereinafter called "Bank", to credit the same to such account. **Please check with your Bank and verify that the ABA No. and the Routing Number are the same, as some Banks use a different ABA No. for ACH.**

BANK NAME _____ BRANCH NAME _____

CITY _____ STATE _____ ZIP _____

ABA No. for ACH _____ ACCOUNT No. _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

NAME(S) _____ SS/TAX ID _____
(Please Print)

SIGNATURE _____ DATE _____

TITLE _____

ATTACH VOIDED CHECK