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## DIRECT DEPOSIT INSTRUCTION LETTER

June 17, 2020

TO ALL WI/ROYALTY OWNERS:

- **Option to have Revenue Checks Direct Deposited into your account.**
- **Option to have Revenue Statements emailed directly to you.**

Sydri Operating LLC is pleased to announce that we will be implementing 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 process your information, you will no longer be receiving a Check through the mail. Revenue will be deposited directly in your account and you will have the option to have your Revenue Summary Statements emailed directly to you.

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

NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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

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**AUTOMATED CLEARING HOUSE SERVICE AUTHORIZATION AGREEMENT  
“ACH”**

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 \_\_\_\_\_ PHONE #: \_\_\_\_\_

***ATTACH VOIDED CHECK***