



## ELECTRONIC FUNDS TRANSFER (EFT) Instructions

In order to improve our payment process Kimmeridge Texas Gas LLC has implemented an optional Direct Deposit program that will enable you to receive electronic funds transfers (EFT) in lieu of revenue checks.

To enroll in the Direct Deposit program:

1. Complete the EFT form printed on the second page in black or blue ink  
*(It is critical that you sign the EFT form, as a signed authorization is required prior to sending direct deposits to your bank. **Electronic signatures will not be accepted.**);*
2. Attach a voided check and signed W-9 to this EFT form;
3. Return all of the above to:

Kimmeridge Texas Gas LLC  
Attn: Owner Relations  
City Centre Four  
840 W. Sam Houston Pkwy N. Suite 400  
Houston, TX 77024

If you choose to enroll in this program, all information on the authorization form must be completed in its entirety or the form will be returned. This form must be filled in with black or blue ink and signed. Electronic signatures will not be accepted. This form must be mailed to our office. Emailed forms will not be accepted. You must include a voided check or a bank verification letter and a copy of a valid W-9.

**FOR CHECKING ACCOUNTS - PLEASE ATTACH A VALID COPY OF A CHECK;**

**FOR SAVINGS ACCOUNTS – PLEASE ATTACH CONFIRMATION FROM THE BANK THAT INCLUDES ROUTING AND ACCOUNT NUMBER INFORMATION**

The completed form must be sent to Owner Relations at  
Kimmeridge Texas Gas LLC, City Centre Four, 840 W. Sam Houston Pkwy N. Suite 400, Houston, TX 77024

## ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

I, \_\_\_\_\_ (“Your Name”) (1) hereby authorize Kimmeridge Texas Gas LLC and/or its subsidiaries to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error; (2) certifies that Payee has selected the following depository financial institution to receive the wire transfer and is in fact the account holder, and (3) directs that all such electronic funds transfers be made as provided below:

<b>Owner Number</b>	
<b>Social Security Number/ Taxpayer ID</b>	
<b>Owner Address: PO Box/Street, City, State, Zip</b>	
<b>Phone Number</b>	
<b>Email Address</b>	
<b>Name &amp; Address of Financial Institution:</b>	
<b>Routing Transit Number</b> <i>First 9 Digits on bottom left of your check</i>	
<b>Name on Bank Account</b>	
<b>Bank Account Number</b> Numbers following routing number	
<b>Are funds to be deposited into a Checking or Savings Account?</b> <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <i>Type of account must be properly indicated and a VOIDED CHECK for a checking account or a BANK VERIFICATION LETTER for a savings account must be attached to this form or it will be returned.</i>	<input type="checkbox"/> <b>New EFT Setup</b> <input type="checkbox"/> <b>Revised</b> <b>__/__/__ Date Added or Revised</b> <small>(FOR INTERNAL USE ONLY)</small>

Payee acknowledges and agrees that the terms and conditions of all agreements with Payor concerning the method and timing of payments shall be amended as required by Payor. Payment dates on any EFT payments replacing check payments will be extended 2 days beyond the date required for check payment. Payor assumes no responsibility for any loss occasioned by errors, omission or delays caused by Payee’s depository bank or payment delays caused by not properly notifying Payor of any changes with regard to the account attached to this authorization. Payor assumes no responsibility for fees or deductions charged by Payee’s depository bank. Payee agrees to hold Payor harmless and indemnify Payor from and against all liabilities, claims, losses, costs, expenses, and damages of any kind including direct, indirect, consequential and punitive asserted against Payor directly or indirectly from or arising out of the electronic transfer of funds contemplated by this authorization form. Payee agrees and accepts that the Payee’s remittance details are available via email or by regular mail.

I will give thirty (30) days advance, written notice to Payor of any changes in depository financial institution or other payment instructions. When properly executed, the EFT Authorization Form will become effective thirty (30) days after its receipt by Payor and will remain in effect until cancelled in writing by Payee.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**