



# BEDROCK PRODUCTION – ENROLL IN DIRECT DEPOSIT

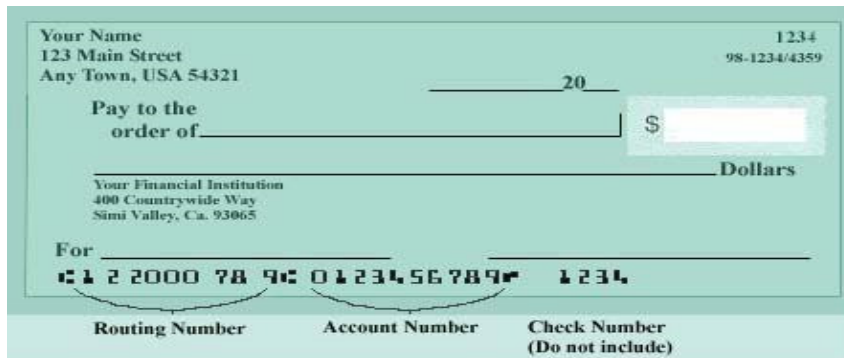
**NO MORE MAIL DELAYS  
IT'S SAFE AND SECURE  
NO MORE LOST OR STOLEN CHECKS**

I hereby authorize BEDROCK PRODUCTION, Inc (the Company) to deposit the proceeds of my AP check directly into the bank account noted below via Electronic Funds Transfer (Direct Deposit via ACH). This authorization is to remain in force until the Company has received written authorization from the undersigned terminating or changing this authorization.

Request Type:  New Application     Request Change     Request Cancellation

**PLEASE PRINT CLEARLY (All fields must be completed)**

Owner Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Owner Number: (If unknown, provide last four digits of SSN or Tax ID number): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Financial Institution Name: \_\_\_\_\_  
 Routing Number: \_\_\_\_\_ (9 digits) Account Number: \_\_\_\_\_  
 Name of Account Holder: (*must match Owner Name above*): \_\_\_\_\_  
 Account Type:     Checking     Savings  
 Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Attach a voided check over the sample. Forms received without a voided check will be considered incomplete.

**Deposit slips *are not* accepted.**

If checks are not available or using a savings account, please attach a letter of verification from your bank that includes the full routing and account #.

**Please mail, fax, or email completed & signed form to:**

BEDROCK PRODUCTION  
909 Fannin Street,  
Suite 2150 Houston, TX 77010  
Fax: (832) 827-3838  
Email: ownerrelations@bedrockep.com  
Phone: (844) 899-4214

***Check Details will be emailed if you included your contact name, phone # and email address. Please allow a minimum of 45-60 days for BEDROCK PRODUCTION to process your enrollment request.***