



Authorization for Direct Deposit (ACH)

Please select one of the following:

First time request for ACH

Request Change

Cancel ACH payments

Name: _____

Federal Tax ID # /Social Security # : _____ Owner #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Financial Institution Information: I hereby authorize Triad Energy. To initiate deposits to the account described below:

Bank Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Type of Account: Checking

Savings

Bank Routing / ABA Number (must be 9 digits): _____

Bank Account Number: _____

******* ATTACH A VOIDED CHECK *******

IMPORTANT: In order to elect ACH payment, an email address **MUST** be provided above. Triad Energy, Inc. will not disclose your email address to third parties.

Note that owners who elect direct deposit will no longer receive paper detail of their check, but an email that is available on the **OWNER PORTAL**. Instructions to access the **OWNER PORTAL** will be sent to you upon your enrollment.

Owner agrees that Triad Energy, Inc. may reverse any electronic payment that is determined to be fraudulent, duplicate or made in error. I certify the depository information listed above is accurate and I authorize Triad Energy, Inc. to issue payment electronically via ACH. If a joint tenant account, both parties must provide a signature.

Terms: This authority is to remain in full force and effect until Triad Energy, Inc. has received written notification of its termination in such time and in such manner as to afford Triad Energy, Inc. a reasonable opportunity to act on it.

Signature: _____ Date: _____

Signature: _____