

APPLICATION AND AUTHORIZATION FOR AUTOMATIC DIRECT DEPOSIT

		Setup	Update	Cancellation
Owner Number:				
Owner Name				
Tax ID / SSN:				
Mailing Address:				
City, State, Zip:				
Phone Number:				
Email Address:				
Account Type:		(checking or savings)	
Name on Bank Account:				
Name of Financial Institution:				
Bank Routing Number:				•
Bank Account Number:				
The below named owner(s) hereby aurthorize Sheridan Production Company, LLC and its subsidiaries to make EFT (electronic funds transfer) payments via ACH. If interest is jointly held, both owners must provide a signature below. The undersigned hereby agrees that Sheridan Production Company, LLC may reverse any electronic payment this is determined to be duplicate or made in error. Such owner further agrees that authorization of EFT as evidenced by the signature below amends your existing payment instructions to us and such authorization will remain in effect until otherwise cancelled by you by way of written notification to Sheridan Production Company, LLC. Owner may change any portion of the information provided below by giving at least thirty (30) days written notice. Owner agrees that Sheridan Production Company, LLC will not be liable for any interest or other claim arising as the result of Owner's failure to give such notice. I hereby agree to the terms stipulated herein, certify that the depository information listed below is accurate and authorize Sheridan Production Company, LLC to issue payments to me electronically via ACH. Please allow up to two to three revenue check cycles for this process to be completed. Owner Name(s):				
Owner Signature:				
Owner Signature:				Date:

ATTACH VOIDED CHECK HERE

* IF THE ROUTING AND/OR BANK ACCOUNT NUMBER PROVIDED IN THE ABOVE DO NOT MATCH THE CHECK THEN THE DIRECT DEPOSIT WILL NOT BE PROCESSED.