

SPINDLETOP

12850 Spurling Rd., Ste 200
Dallas, Texas 75230
Tel (972) 644-2581 • Fax (972) 661-2701

___ New Enrollment
___ Revision

DIRECT DEPOSIT ACH ENROLLMENT FORM

Owner Name(s) _____ Date _____
(Please Print) _____

Mailing Address _____ Owner Number _____

_____ SSN or Tax ID _____

Type of Account:

Email Address _____ Checking ___ Savings ___

I authorize Spindletop Oil & Gas Co. ("Spindletop") and my financial institution referenced below to electronically deposit payments due to me to the account specified. The Automated Clearing House (ACH) will be used to facilitate payment. This authority will remain in effect until I have provided written notification to the contrary, or Spindletop, for specific reasons, deems it no longer feasible. I understand that I can change my account or financial institution arrangement by completing a revised Direct Deposit ACH Enrollment Form available from Spindletop. I agree that Spindletop may reverse any electronic payment that is determined to be fraudulent, duplicate, or made in error.

Owner Signature

Daytime Phone Number

Printed Name

Title

Banking Information:

Bank Routing Number (ABA) (9 digits): _____

Checking or Savings Account Number: _____

Name of Financial Institution: _____

Bank Branch City and State: _____

Bank Representative Name: _____

Bank Representative Phone Number: _____

Return by mail to the address or fax number shown at the top, or by email to revenue@spindletopoil.com.

Include a copy of a voided check.

(We MUST have a copy of a voided check or a bank provided ACH form in order to process electronic payment.)