DIRECT DEPOSIT FORM

Please Print Clearly (All fields must be completed)

Owner/Payee Number: _____

Owner Name: _____

Contact Name: _____

Owner Mailing Address: _____

_____

Owner Phone Number: _____ ☐ Cell ☐ Home ☐ Business

Owner E-mail Address: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Name of Account Holder: _____

Account Type : ☐ Personal Checking ☐ Personal Savings

☐ Business Checking ☐ Business Savings

I authorize Dallas Production Company, LLC. ("Dallas") and my financial institution referenced above 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 Dallas, 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 Dallas. I agree that Dallas may reverse any electronic payment that is determined to be fraudulent, duplicate, or made in error.

Owner Signature: _____ Date: _____

A voided check or letter from financial institution must be attached for verification purposes.

Please mail or email completed form and voided check to:

Dallas Production Company LLC
Attn: Owner Relations
4600 Greenville Avenue, Suite 300
Dallas, TX 75206

or

Email: ownerrelations@dallasprod.com